

S. A. F. E. T. Y. A. L. M.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 M. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 2.

(1) PLACE OF BIRTH
 County of Cherokee
 Township of
 Inc. Town of
 City of
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (2) Full Name of Child Haen Eugene Roberts
 (If child is not yet named, make supplemental report as directed)

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registry Only
17052

Registration District No. 1 A 9 Registered No. 181
 (For use of Local Registrar)

(3) SEX <u>Male</u>	(4) <u>Male</u> To be answered only in case of Twins or Triplets	(5) Number in order of birth <u>2</u>	(6) Age Parents Married <u>Yrs</u>	(7) DATE OF BIRTH (Name of Month) (Day) (Year) <u>July 23</u>
(8) FULL NAME FATHER <u>Geo R. Roberts</u>		(9) NAME BEFORE MARRIAGE MOTHER <u>One Brock</u>		
(10) PRESENT POSTOFFICE OF FATHER <u>Gaffney 3x6 Oak St</u>		(11) PRESENT POSTOFFICE OF MOTHER <u>Gaffney 3x6 Oak St</u>		
(12) COLOR OR RACE <u>Wh</u>	(13) AGE AT LAST BIRTHDAY <u>41</u> (Years)	(14) COLOR OR RACE <u>Wh</u>	(15) AGE AT LAST BIRTHDAY <u>37</u> (Years)	(16) BIRTHPLACE <u>Spartanburg SC</u>
(17) OCCUPATION <u>Mill operator</u>		(18) OCCUPATION <u>Housewife</u>		
(19) Number of children born to mother, including present birth <u>7</u>		(20) Number of children of this mother now living, including present birth <u>7</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
 (21) I hereby certify that I attended the birth of this child, who was Born alive at 6:30 P.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (22) (Signature) Haen Eugene Roberts
 (23) State whether Physician or Midwife Physician
 (24) Address of Physician or Midwife Gaffney SC

(Given name added from a supplemental report)
 (25) Witness
 (Signature of Witness necessary only when question 23 is signed by male)
 (26) Filed 7/10/22 (27) Local Registrar W. F. Smith

*When there was no attending physician or midwife, then the father, householder, etc., should make this return.
 If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.
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Form 5-6
 Bureau of Statistics, Columbia, S. C.