

(1) PLACE OF BIRTH

County of Abbeville
 Township of Regaloo
 or
 Inc. Town of
 or
 City of

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

File No.—For State Registrar Only
35825

Registration District No. 3505

Registered No. 147
 (For use of Local Registrar)

(No. St.; Ward)
 If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Unnamed Roach If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>4</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>July 21, 22</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>James Ervin Roach</u>			(14) NAME BEFORE MARRIAGE <u>Effie Collins</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Westminster</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Westminster</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>31</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>26</u> (Years)	(18) BIRTHPLACE <u>S.C.</u>
(12) BIRTHPLACE <u>S.C.</u>	(13) OCCUPATION <u>Public Works</u>	(19) OCCUPATION <u>House Wife</u>	(21) Number of children of this mother now living, including present birth <u>13</u>	
(20) Number of children born to mother, including present birth <u>4</u>				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive (born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated. 2:50 A.M.

(23) (Signature) H. C. Strickland, M.D.
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Westminster

Given name added from a supplemental report

(26) Witness (Signature) of Witness necessary only when Section 23 is signed by mark
[Signature] (27) Local Registrar. [Signature]

*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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