

MARGIN RESERVED FOR ENDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. In B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.

**(1) PLACE OF BIRTH**

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

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

No. 22972  
 Registered No. 24  
 (For use of Local Registrar)

Registration District No. 1A Registered No. 24  
 (For use of Local Registrar)  
 (No. 55 Magazine St.; Fourth Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

**(2) Full Name of Child**

Patrick Albert Roche

If child is not yet named, make supplemental report as directed

(3) SEX OR CHILD <u>Boy</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH (Name of Month) (Day) (Year) <u>Aug 27</u> <u>1923</u>
<b>FATHER.</b>			<b>MOTHER.</b>	
(8) FULL NAME <u>Joseph Edward Roche</u>			(14) NAME BEFORE MARRIAGE <u>Jennie Mae Loney</u>	
(9) PRESENT POST OFFICE OF FATHER <u>55 Magazine St Abbeville SC</u>			(15) PRESENT POST OFFICE OF MOTHER <u>55 Magazine St Abbeville SC</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>37</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>32</u> (Years)	
(12) BIRTHPLACE <u>Abbeville County S.C.</u>			(18) BIRTHPLACE <u>Fork Lown S.C.</u>	
(13) OCCUPATION <u>Telegraph Operator</u>			(19) OCCUPATION <u>House wife</u>	
(20) Number of children born to mother, including present birth <u>Five</u>			(21) Number of children of this mother now living, including present birth <u>Five</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.**

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

(23) (Signature) J. H. Powers M.D.  
 (24) State whether Physician or Midwife Physician  
 (25) Address of Physician or Midwife Abbeville SC

Given name added from a supplemental report  
 .....  
 .....

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
Aug 30 1923 (27) John J. Walling Local Registrar.

\*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.

Registrar ..... Local Registrar.

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