

(1) PLACE OF BIRTH

County of Wichita

Township of Wichita

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

STATE OF BIRTH

SOUTH CAROLINA

Board of Health

File No.—for State Registrar Only

268

Registered No.

(For use of Local Registrar)

(2) Full Name of Child Thelma Irene Roberts

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

(3) BOY OR GIRL girl

(4) Twin or Triplet?

(5) Sex of Child

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Joseph Calvin Roberts

(9) PRESENT POSTOFFICE OF FATHER Piedmont S.C. #1

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 26 (Years)

(12) BIRTHPLACE Lawrence Co. S.C.

(13) OCCUPATION Farming

(14) Number of children born to mother, including present birth 1

MOTHER

(14) NAME BEFORE MARRIAGE Eva May Callahan

(15) PRESENT POSTOFFICE OF MOTHER Piedmont S.C. #1

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 26 (Years)

(18) BIRTHPLACE Lawrence Co. S.C.

(19) OCCUPATION Housewife

(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was live at 10 4 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. A. Hight

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Evergreen 4

Even name added from a supplemental report

Thelma Irene 191

Registrar

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Date July 12, 1912 (28) W. A. Hight 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

(29) State South Carolina

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