

(1) PLACE OF BIRTH

County of Albion
 Township of Albion
 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

3645

Registration District No. 1603 Registered No. 17
 (For use of Local Registrar)

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

(2) Full Name of Child Melvin Roberts

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

(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 22 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Jiles Roberts
 (9) PRESENT POSTOFFICE OF FATHER Fork
 (10) COLOR OR RACE colored (11) AGE AT LAST BIRTHDAY 42
 (12) BIRTHPLACE Fork
 (13) OCCUPATION Farming

MOTHER.

(14) NAME BEFORE MARRIAGE Killer, Park
 (15) PRESENT POSTOFFICE OF MOTHER Fork
 (16) COLOR OR RACE colored (17) AGE AT LAST BIRTHDAY 40
 (18) BIRTHPLACE Fork
 (19) OCCUPATION housewife
 (20) Number of children born to mother, including present birth 3
 (21) 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 Feb 22 1923 at Albion M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Willie A. wife(24) State whether Physician or Midwife (25) Address of Physician or Midwife Albion S.C. 12th

(Given name added from a supplemental report)

(26) Witness Willie A. wife
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Feb 28 1923 (28) W. A. [Signature] 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 8th month of pregnancy.