

(1) PLACE OF BIRTH

County of Hampton
 Township of Peoples
 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

30659

Registration District No. 4402 Registered No. 127
 (For use of Local Registrar)

City of..... (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 William Roberson (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? 1 (5) Number in order of birth X (6) Are Parents Married? X (7) DATE OF BIRTH Sept 3, 1922
 (Name) (Month) (Day) (Year)

FATHER.

(8) FULL NAME X

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY..... (Year)

(12) BIRTHPLACE

(13) OCCUPATION

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

MOTHER.

(14) NAME BEFORE MARRIAGE Carrie Roberson(15) PRESENT POSTOFFICE OF MOTHER Varville RFD(16) COLOR OR RACE Colo (17) AGE AT LAST BIRTHDAY..... (Year)(18) BIRTHPLACE H. Co.(19) OCCUPATION House work(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 Alive (Born alive or stillborn) (How A. M. or P. M.)
 on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Date Sept 7, 1922(28) H. Rogers 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.