

THE UNITED STATES DEPARTMENT OF JUSTICE  
WASHINGTON, D. C. 20535

## (1) PLACE OF BIRTH

County of Colfax  
Township of Spokane  
or  
Inc. Town of  
or  
City of

# CERTIFICATE OF BIRTH

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

Registration District No. 802

File No.—For State Registrar Only

17767

**Registered No.** 200.....  
**(For use of Local Registrar)**

**(2) Full Name of Child**

3 ECH-OR  
FILE  
*[Signature]*

4) Twin  
of Triplet?

(5) Member in order of birth

(E) Are Parents Married? *Yes*

7) DATE OF BIRTH June 1 22  
(Name of Month) (Day) (Year)

# FATHER

0 FULL NAME/ Randy Roberts

9) PRESENT  
POSTOFFICE  
OF FATHER

101 COLOR  
OR  
RACE *7/1/1951*

BIRTHPLACE

13 OCCUPATION

23. Number of children born to mother, including present birth

(11) AGE AT LAST BIRTHDAY. 24  
(Year)

(14) NAME BEFORE MARRIAGE

(15) PRESENT  
POSTOFFICE  
OF MOTHER

(15) COLOR OR RACE *Heaven*

(12) BIRTHPLACE

**(18) OCCUPATION**

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

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:**

(2) I hereby certify that I attended the birth of this child, who was Albee at 11 M.,  
on the date above stated. (Born alive or still born) Hour 11 or P.M.)

(23) (Signature)

(24) State whether Physician or Midwife.

+ (25) Address of Physician or Midwife

Given name added from a supplemental report

**(28) Witnesses**

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

(2) Electron

10-22 (28) Local Dominator

\*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.