

Mr Brooks

(1) PLACE OF BIRTH

County of Greenwood

Township of Greenwood

Inc. Town of

City of

CERTIFICATE OF BIRTH

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

No. 4a.—For State Registrar Only
4130

Registration District No. 23.06

Registered No. 36.
(For use of Local Registrar)

(No. 4800 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 Robt. Henry Roberts

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

(3) SEX OR CHILD <u>Boy</u>	(4) Twin or Triplet? <u>—</u> To be answered only in case of Twin or Triplet	(5) Number in order of birth <u>—</u>	(6) Are Parents Married <u>yes</u>	(7) DATE OF BIRTH <u>Apr 8</u> (Month of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Oliver Alexander Roberts</u>			(14) NAME BEFORE MARRIAGE <u>Nora Bell Pelkey</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Greenwood, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Greenwood, S.C.</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>29</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>27</u> (Years)	
(12) BIRTHPLACE <u>Elbert Co., Ga</u>			(18) BIRTHPLACE <u>Nabors Co., Ga</u>	
(13) OCCUPATION <u>Mill operator</u>			(19) OCCUPATION <u>Domestic</u>	
(20) Number of children born to mother, including present birth <u>5</u>			(21) Number of children of this mother now living, including present birth <u>5</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born (Born alive or stillborn) on the date above stated. Hour 3:30 P.M.

(23) (Signature) Wm. S. Brooks
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Greenwood, S.C.

Given name added from a supplemental report

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

(27) Wm. S. Brooks (28) APB 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.

MARGIN RESERVED FOR BINDER. WRITE PLAINLY, WITH SPACING INK.—THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 8.