

(1) PLACE OF BIRTH

County of Setuoytor
Township of Setuoytor
Inc. Town of Setuoytor
City of Setuoytor

CERTIFICATE OF BIRTH
STATE OF NORTH CAROLINA
Bureau of Vital Statistics
State Board of Health

Registration District No. 3109 Registered No. 68
(For use of Local Registrar)

(2) Full Name of Child

(a) SEX Boy (b) AGE 40 (c) DATE OF BIRTH Mar 24 23
(d) PLACE OF BIRTH Setuoytor (e) TIME OF BIRTH 3:30
(f) COLOR White (g) HEIGHT 38 (h) WEIGHT 12
(i) BIRTHPLACE Set. Co. (j) OCCUPATION Fertile

(1) FATHER: Robt. Martin Roof
(2) MOTHER: Siggie Maynard Roof
(3) FATHER'S RESIDENCE: Setuoytor S.C.
(4) MOTHER'S RESIDENCE: Setuoytor S.C.
(5) FATHER'S OCCUPATION: Domestic
(6) MOTHER'S OCCUPATION: Domestic
(7) FATHER'S BIRTHPLACE: Set. Co.
(8) MOTHER'S BIRTHPLACE: Set. Co.
(9) FATHER'S DATE OF BIRTH: 12 22
(10) MOTHER'S DATE OF BIRTH: 12 22
(11) FATHER'S COLOR: White
(12) MOTHER'S COLOR: White
(13) FATHER'S HEIGHT: 38
(14) MOTHER'S HEIGHT: 38
(15) FATHER'S WEIGHT: 12
(16) MOTHER'S WEIGHT: 12
(17) FATHER'S BIRTHPLACE: Set. Co.
(18) MOTHER'S BIRTHPLACE: Set. Co.
(19) FATHER'S OCCUPATION: Fertile
(20) MOTHER'S OCCUPATION: Domestic

(21) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (22) Date whether Physician or Midwife (23) Address of Physician or Midwife

(24) Signature of Physician or Midwife M. S. Robert (25) Address of Physician or Midwife Setuoytor S.C.

(26) Given name added from a supplemental report (27) Witness (28) Signature of Witness necessary only when question 25 is signed by mark

(29) Filed July 9 1923 (30) 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.

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