

MARGIN RESERVED FOR MEDICAL  
 STATE PLAINLY, WITH REFERENCE TO THIS IS A PRELIMINARY RECORD  
 OF THE BIRTH OF A CHILD, AND NOT A FINAL REPORT OF THE BIRTH OF A CHILD.  
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc. In question 8  
 indicate whether Colored, Caucasian, S. C.

(1) PLACE OF BIRTH

County of ... Colleton ...  
 Township of ... Belts ...  
 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  
 3794

Registration District No. 116.1 Registered No. 9 .....  
 (For use of Local Registrar)

(2) Full Name of Child Rouley Almetier Roberson .....  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(3) BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 11 ..... 1922  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Anders Kobzue</u>	(14) NAME BEFORE MARRIAGE <u>Lizzzy Vanders</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Ruffin S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Ruffin S.C.</u>
(10) COLOR OR RACE <u>Colord</u>	(16) COLOR OR RACE <u>Colord</u>	(11) AGE AT LAST BIRTHDAY <u>45</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>49</u> (Years)
(12) BIRTHPLACE <u>Colleton County</u>	(18) BIRTHPLACE <u>Colleton County</u>	(13) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>house wife</u>
(20) Number of children born to mother, including present birth <u>3</u>	(21) Number of children of this mother now living, including present birth <u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive ..... at 10.0 M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Emory Jones  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Ruffin S.C.

Given name added from a supplemental report

(26) Witness S. J. Varn  
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Feb 27 1922 (28) R. V. Ireland  
 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.