

(1) PLACE OF BIRTH

County of York

Township of

or
City of Rock Hill

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

38012

Registration District No. 44B Registered No. 244
(For use of Local Registrar)(2) Full Name of Child Jane Ella Roberts (No. 244 Word)

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

(3) SEX OF CHILD Girl (4) Twin No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH 10/2/1917
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME R. M. Roberts(9) PRESENT POSTOFFICE OF FATHER Rock Hill S C(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)(12) BIRTHPLACE North Wales Pa.(13) OCCUPATION Insurance(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Idell Blackman(15) PRESENT POSTOFFICE OF MOTHER Rock Hill S C(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 17 (Years)(18) BIRTHPLACE Salisbury N. C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive as 114. m M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) E. Simpson (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) Filed 10/17/1917 (28) J. M. ... 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.

Before the fifth month of pregnancy.