

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—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 5.

RECAP OF COLUMBIA, COLUMBIA, S. C.

Form No. 1

(1) PLACE OF BIRTH

County of Albiondale

Township of Albiondale

or

Inc. Town of S. C.

or

City of S. C.

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

(2) Full Name of Child David Roundtree

File No.—For State Registrar Only
28606

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

Registration District No. 4600

Registered No. 104
(For use of Local Registrar)

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 15, 1922
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME David Roundtree
(9) PRESENT POSTOFFICE OF FATHER Albiondale
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 22 (Years)
(12) BIRTHPLACE Barnwell, S.C.
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth One

MOTHER.
(14) NAME BEFORE MARRIAGE Sarah Dickerson
(15) PRESENT POSTOFFICE OF MOTHER Albiondale, S.C.
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 16 (Years)
(18) BIRTHPLACE Albiondale
(19) OCCUPATION House Keeping
(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:
(22) I hereby certify that I attended the birth of this child, who was Alive on the date above stated. at 7:30 P. M.
(23) (Signature) Alberta Ford (24) State whether Physician or Midwife Midwife
(25) Address of Physician or Midwife Midwife

Given name added from a supplemental report
(26) Witness F. H. Boyd (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Sept 28, 1922 (28) F. H. Boyd, M.D. 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.