

NOV 19 1931

A TRUE COPY OF THE RECORD ON FILE IN THE OFFICE OF VITAL RECORDS AND PUBLIC HEALTH STATISTICS, DEPARTMENT OF HEALTH AND HOSPITALS, COLUMBIA, S. C.

Mary B. M...
LINEC. 3

1. PLACE OF BIRTH
 County of Rich
 City of _____
 State of Cola. S. C.

Standard Certificate of Birth
STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

Registration District No. 38B Registered No. 42
 (For use of Local Registrar)

(No. Cola. S. C. Reg. D. H. 1 Wood)

2. Full name of child Donald Edward Roberts

(If birth occurs in a hospital or other institution, give name of same, hospital or other institution, and name of attending physician or midwife)

FILE No.—For State Registrar Only
4247

3. Sex Male Female

4. Parent 1. Twin, triplet, or other _____
 2. Member, in order of birth _____

5. Procreation _____

7. Length _____

8. Date of Birth 7 ed. 28. 31
 (In month, day, year)

FATHER

16. Full name and birth date William Wilson Roberts

17. Residence (usual place of abode) Cola. S. C.
 (If transient, give place and State)

18. Color or race W

19. Age at last birthday 34 (Years)

20. Birthplace (city or place) Rich. S. C.
 (State or country)

21. Trade, profession, or particular kind of work done, or occupation, vocation, business, etc. Electrician

22. Industry or business in which work was done, or with which connected, or in which engaged _____

23. Date (month and year) last engaged in this work _____

24. Total time (years) spent in this work 2 yrs

25. Name of children of this mother (at time of the birth and including this child) _____
 (a) Born alive and now living _____
 (b) Born alive but now dead _____

26. Cause of stillbirth _____

27. Date of stillbirth _____

MOTHER

16. Full name and birth date Emily Nora Lee Geiger

17. Residence (usual place of abode) Cola. S. C.
 (If transient, give place and State)

18. Color or race W

19. Age at last birthday 23 (Years)

20. Birthplace (city or place) Rich. S. C.
 (State or country)

21. Trade, profession, or particular kind of work done, or occupation, vocation, business, etc. Domestic

22. Industry or business in which work was done, or with which connected, or in which engaged None

23. Date (month and year) last engaged in this work _____

24. Total time (years) spent in this work _____

25. Name of children of this mother (at time of the birth and including this child) _____
 (a) Born alive and now living _____
 (b) Born alive but now dead _____

26. Cause of stillbirth _____

27. Date of stillbirth _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was slight 6 1/2 m. on the date above stated
 (Born alive or stillborn)

(Signed) F. C. B... M. D.
 or _____ Midwife

Address Cola. S. C.
 Filed 3/14 1931 P. E. Pappas

When there was no attending physician or midwife, state the father, husband, or other male (his name, address, and age) who was present at the birth, and the name of the person who attended the birth, and the name of the person who reported the birth.

Supplemental report _____ (Date of) _____

Registrar