(1) PLACE OF BIRTH

County of Edgefield

Township of Blocker

or

Inc. Town of .....

or

City of .....

(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

Registration District No. 801 Registered No. 2 (For use of Local Registrar)

(No. ..... Peterson St.; ..... Ward)

File No.—For State Registrar Only

18681

(2) Full Name of Child Robert Lee Dolourson

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

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
boy			No	Jan. 19 1916 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.	MOTHER.
(8) FULL NAME Jennie Dolourson	(14) NAME BEFORE MARRIAGE Rodie Peterson
(9) PRESENT POSTOFFICE OF FATHER Pleasant Lane S.C.	(15) PRESENT POSTOFFICE OF MOTHER Pleasant Lane S.C.
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 27 (Years)	(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 22 (Years)
(12) BIRTHPLACE Edgefield Co S.C.	(18) BIRTHPLACE Edgefield Co, S.C.
(13) OCCUPATION Farming	(19) OCCUPATION
(20) Number of children born to mother, including present birth 2	(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was ..... (Born alive or stillborn) at 12 (Hour A. M. or P. M.) a. m., on the date above stated.

(23) (Signature) Sadie Rodan

(24) State whether Physician or Midwife: Mid. Wife

(25) Address of Physicin or Midwife: Pleasant Lane S.C.

Given name added from a supplemental report

....., 191....

.....

Registrar

(26) Witness .....

(Signature of Witness necessary only when question 23 is signed by mark.)

(27) Filed Feb 15 1916 (28) W. H. Timmerman

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.

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.

McCaw, of Columbia.