

Form No. 1.

(1) PLACE OF BIRTH

County of FLORENCE, S. C.

Township of FLORENCE, S. C.

or
Inc. Town of

or
City of

(No. _____ St.; _____ Ward)
(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

46203

Registered No. 112
(For use of Local Registrar)

(2) Full Name of Child. Percy Robertson

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

(3) BOY OR GIRL In (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 30, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME George Robertson

(9) PRESENT POSTOFFICE OF FATHER FLORENCE, S. C.

(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 50
(Years)

(12) BIRTHPLACE FLORENCE, S. C.

(13) OCCUPATION Farmer

(14) Number of children born to mother, including present birth 12

MOTHER.

(15) NAME BEFORE MARRIAGE Vattet Smith

(16) PRESENT POSTOFFICE OF MOTHER FLORENCE, S. C.

(17) COLOR OR RACE One (18) AGE AT LAST BIRTHDAY 40
(Years)

(19) BIRTHPLACE FLORENCE, S. C. Co

(20) OCCUPATION Farm Land

(21) Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Dr. M. C. Daffner

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Mary Bleck

(26) Witness Dr. M. C. Daffner

(27) Filed Feb 1, 1916 (28) Local Registrar

Given name added from a supplemental report

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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.

MARGIN RESERVED FOR BINDING.

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 2.

McCaw, of Columbia.