

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

File No.—For State Registrar Only  
**25278**

**(1) PLACE OF BIRTH**

County of Charleston  
Township of .....  
or  
Inc. Town of Woodstock  
or  
City of .....

Registration District No. 9.11 Registered No. 2.2  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
**(2) Full Name of Child** Richard Robertson { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>To be answered only in event of Twins or Triplets</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Aug. 29th, 27</u> (Name of Month) (Day) (Year)
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**FATHER.**

(8) FULL NAME Stoien Robertson

(9) PRESENT POSTOFFICE OF FATHER Midland Park.

(10) COLOR OR RACE colored

(11) AGE AT LAST BIRTHDAY 39 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Railroad labor

(20) Number of children born to mother, including present birth 11

**MOTHER.**

(14) NAME BEFORE MARRIAGE Julia Robertson

(15) PRESENT POSTOFFICE OF MOTHER Midland Park.

(16) COLOR OR RACE colored

(17) AGE AT LAST BIRTHDAY 45 (Years)

(18) BIRTHPLACE White's (Woodland)

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 7

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

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

(23) (Signature) Sarah X. Rider

(24) State whether Physician or Midwife "

(25) Address of Physician or Midwife Midland Park, S.C.

Given name added from a supplemental report

(26) Witness S. P. X. Rider  
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Aug. 21st, 27 (28) Mrs. L. H. Fisher  
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.

MATCHING SERVICE FOR BIRTH RECORDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
MCCAW OF COLUMBIA, COLUMBIA, S. C.