

16 093442 10-12-42

MARGIN RESERVED FOR BINDING
 WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)

1. PLACE OF BIRTH

County of Colleton

Township of _____

or
Inc. Town of Stokesor
City of _____

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

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1401

FILE No.—For State Registrar Only

03675

Registered No. _____
(For use of Local Registrar)

Ward _____

2. FULL NAME OF CHILD Ida Mae Robertson

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

3. Boy or Girl <u>Girl</u>	If Plural births _____	4. Twin, triplet or other <u>One</u>	5. Number, in order of birth <u>2</u>	6. Premature Full term _____	7. Are Parents Married? <u>Yes</u>	8. Date of birth <u>April 26</u> , 19 <u>46</u> (Month, day, year)
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9. Full name
FATHER
Moten Robertson18. Name before
marriage
MOTHER
Janie Crosby10. Residence (mailing address)
(If non-resident, give place and State) Stokes, S. C.19. Residence (mailing address)
(If non-resident, give place and State) Stokes, S. C.11. Color or race White12. Age at child's birth 25 (years)20. Color or race White21. Age at child's birth 22 (years)13. Birthplace (city or place)
(State or country) Stokes, S. C.22. Birthplace (city or place)
(State or country) Stokes, S. C.14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Farmer23. Trade, profession, or particular
kind of work done, as house-
keeper, typist, nurse, clerk, etc. Housewife15. Industry or business in which
work was done, as silk mill,
sawmill, bank, etc. _____24. Industry or business in which
work was done, as own home,
lawyer's office, silk mill, etc. _____16. Date (month and year) last
engaged in this work _____17. Total time (years)
spent in this work Life25. Date (month and year) last
engaged in this work _____26. Total time (years)
spent in this work Life27. Number of children of this mother
(At time of birth and including this child (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 028. If stillborn,
period of gestation _____months
weeks

29. Cause of stillbirth _____

Before labor
During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was alive at 9:00 P.M. on the date above stated.
(Born alive or stillborn){ When there was no attending physician
or midwife, then the father, householder,
etc., should make this return.Given name added from
a supplementary report _____

(Date of)

Registrar.

✓ (Signed Mrs. Ivy Bennett)
or _____, GuardianAddress Lodge, S. C.Filed Dec. 5 19 42 M. B. Woodward, Ma

Asst. State Registrar.