

16 093442 10-12-42

1. PLACE OF BIRTH

County of Colleton

Township of _____

or
Inc. Town of Stokes

City of _____

(If birth occurs in a hospital or other institution, give name of same instead of street and number) (No. _____ St.; _____ Ward)

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

03075

Registered No. _____

(For use of Local Registrar)

2. FULL NAME OF CHILD Ida Mae Robertson { If child is not yet named, make supplemental report as directed.3. Boy or Girl Girl If Plural births _____ 4. Twin, triplet or other One 6. Premature _____ 7. Are Parents Married? Yes 8. Date of birth April 26, 1916 (Month, day, year)9. Full name FATHER
Moten Robertson18. Name before marriage MOTHER
Janie Crosby10. Residence (mailing address) Stokes, S. C.
(If non-resident, give place and State)19. Residence (mailing address) Stokes, S. C.
(If non-resident, give place and State)11. Color or race White 20. Color or race White2. Age at child's birth 25 (years)21. Age at child's birth 22 (years)13. Birthplace (city or place) Stokes, S. C.
(State or country)22. Birthplace (city or place) Stokes, S. C.
(State or country)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. Housewife

15. 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 _____ 19 _____

17. Total time (years) spent in this work Life

25. Date (month and year) last engaged in this work _____, 19 _____

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 0

28. 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.

(Signed Mrs. Ivy Bennett)
or _____, Guardian

Given name added from a supplementary report _____ (Date of)

Address Lodge, S. C.
Filed Dec. 5 1942 M. B. Woodward, Ma
Asst. State Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)

11-9-42
11-25-42