

(1) PLACE OF BIRTH

County of ColletonTownship of Charleston

Inc. Town of

City of

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

Registration District No. 140Registered No. 8
(For use of Local Registrar)

(2) Full Name of Child

Sarah Eugenia Robertson

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

| | | | | |
|---------------------------------|---|--|---------------------------------------|---|
| (3) SEX OF CHILD <u>Girl</u> | (4) Twin or Triplet <u>No</u> To be covered only in case of Twins or Triplets | (5) Number in order of birth <u>one</u> | (6) Are Parents Married <u>Yes</u> | (7) DATE OF BIRTH <u>Aug 21 1923</u> Name of Month (Day) (Year) |
|---------------------------------|---|--|---------------------------------------|---|

FATHER.

(8) FULL NAME Erin Kisher Robertson(9) PRESENT POSTOFFICE OF FATHER Buffins S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 44 (Year)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth One

MOTHER.

(14) NAME BEFORE MARRIAGE Phemie Eugenia(15) PRESENT POSTOFFICE OF MOTHER Buffins S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 33 (Year)(18) BIRTHPLACE S.C.(19) OCCUPATION House wife(21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 1 P.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) E. H. Thompson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(Given name added from a supplemental report)

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

(27) SIGNED Feb 8 1923 (28) Matthi Kinney 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.

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