

Form No. 1

(1) PLACE OF BIRTH

County of ClarendoneTownship of Manning Swamp

Inc. Town of.....

City of.....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

18260

Registration District No. 1315 B Registered No. 11

(For use of Local Registrar)

(No. St.; Ward)

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

(2) Full Name of Child Robert Fleetwood DuBois If child is not yet named, make supplemental report as directed3) BOY OR GIRL? Boy4) Twin or Triplet? ✓
To be answered only in event of Twins or Triplets5) Number in order of birth ✓6) Are Parents Married? yes

7) DATE OF BIRTH

June 3rd 1912
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Robert Fleetwood DuBois9) PRESENT POSTOFFICE OF FATHER Manning, S.C.10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 39
(Years)12) BIRTHPLACE Clarendone Co. S.C.13) OCCUPATION Farmer14) Number of children born to mother, including present birth Two

MOTHER.

(14) NAME BEFORE MARRIAGE Emma Lorene Pish(15) PRESENT POSTOFFICE OF MOTHER Manning, S.C.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 23
(Years)(18) BIRTHPLACE Clarendone Co. S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 8:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Charles B. Sigel, M.D.(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife Manning, S.C.

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed June 17 1912 (28) C. J. White 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.