

Form No. 1

(1) PLACE OF BIRTH

County of Saluda S.C.Township of 6OR
Inc. Town ofOR
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

36344

Registration District No. 6Registered No. 3906

(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 Wddie Robertson

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

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Oct 16 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Jim Robertson

(9) PRESENT POSTOFFICE OF FATHER

Saluda S.C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

43

(12) BIRTHPLACE

Saluda S.C.

(13) OCCUPATION

Farmer

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

10

MOTHER.

(14) NAME BEFORE MARRIAGE

Lula Attaway

(15) PRESENT POSTOFFICE OF MOTHER

Saluda S.C.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

42

(18) BIRTHPLACE

Saluda S.C.

(19) OCCUPATION

House wife

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

10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 11 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) L. A. Cliney

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

P. B. Crouch 19 22
Registrar

(26) Witness

Emma Bugg

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

(27) Filed

Oct 23 1922

(28) P. B. Crouch

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

MADE IN THE U.S.A. FOR FILING.

Bureau of Columbia, Columbia, S. C.