

MARGIN RESERVED FOR BINDING.

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 6.

RECEIVED OF COLUMBIA, S. C.

(1) PLACE OF BIRTH		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <b>3722</b>	
County of <u>Chesterfield</u> Township of <u>P. H. Dean</u> or Inc. Town of ..... or City of .....		Registration District No. <u>1208</u>		Registered No. .... (For use of Local Registrar)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. .... St.; .... Ward)			
(2) Full Name of Child <u>Allen Robertson</u>		(If child is not yet named, make supplemental report as directed)			
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <input checked="" type="checkbox"/>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Feb. 1, 1922</u> (Name of Month) (Day) (Year)	
FATHER. (8) FULL NAME <u>Allen Robertson</u> (9) PRESENT POSTOFFICE OF FATHER <u>Cheraw, R. 2</u> (10) COLOR OR RACE <u>Negro</u> (11) AGE AT LAST BIRTHDAY <u>31</u> (Years) (12) BIRTHPLACE <u>Chesterfield Co.</u> (13) OCCUPATION <u>Farmer</u> (20) Number of children born to mother, including present birth <u>16</u>			MOTHER. (14) NAME BEFORE MARRIAGE <u>Lottie Short</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Cheraw, R. 2</u> (16) COLOR OR RACE <u>Negro</u> (17) AGE AT LAST BIRTHDAY <u>25</u> (Years) (18) BIRTHPLACE <u>Chesterfield Co.</u> (19) OCCUPATION <u>Farmer</u> (21) Number of children of this mother now living, including present birth <u>4</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>9:30 P. M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Nancy Singleton</u> (24) State whether Physician or Midwife <u>Midwife</u> (25) Address of Physician or Midwife <u>Cheraw R. 2</u>					
Given name added from a supplemental report ..... ..... 19 .. Registrar		(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark) (27) Filed ..... 19 .. (28) <u>D. S. Matheson</u> 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.					