

FORM NO. 3

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

80626

Registration District No. 901

Registered No. 38

(For use of Local Registrar)

(2) Full Name of Child

Everlin Roberson

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

(3) BOY OR GIRL

Girl

(4) Twin or Triplet?

No

(5) Number in order of birth

38

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Feb. 28, 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Wm. Roberson

(9) PRESENT POSTOFFICE OF FATHER

Wt Pleasant & Co

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

38 (Years)

(12) BIRTHPLACE

Charleston Co

(13) OCCUPATION

Laborer

MOTHER.

(14) NAME BEFORE MARRIAGE

Rebecca Middleton

(15) PRESENT POSTOFFICE OF MOTHER

Wt Pleasant & Co

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

34 (Years)

(18) BIRTHPLACE

Charleston Co

(19) OCCUPATION

Domestic

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

7

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

4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature)

Hagen Bodin

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife

Wt Pleasant & Co

Given name added from a supplemental report

191

(26) Witness

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

(27) Filed

Feb 28, 1916

(28)

A. L. Linder

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.

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 5.

McClaw, of Columbia