

(1) PLACE OF BIRTH

County of Laurens
 Township of Jacks
 or
 Inc. Town of _____
 or
 City of _____

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

8203

Registration District No. 2903 Registered No. 1000
 (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 Virgie Virginia 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 Feb. 16, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Nathaniel Robertson

(9) PRESENT POSTOFFICE OF FATHER Kenno S. C.

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 23
 (Year)

(12) BIRTHPLACE South Carolina

(13) OCCUPATION Farm hand

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Leala Rice

(15) PRESENT POSTOFFICE OF MOTHER Kenno S. C.

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 20
 (Year)

(18) BIRTHPLACE S. C.

(19) OCCUPATION Farm hand

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 6.00 M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Ellie Davis

(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Whitman S. C.

Given name added from a supplemental report

(26) Witness H. C. Ray
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Mar. 15, 1922 (28) Dwlopeland 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.

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.