

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.

NOT A LAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of O. Gonne
Township of Senneca
or
Inc. Town of
or
City of

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

Registration District No. 350

File No.—For State Registrar Only

86798

Registered No. 136
(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 Allene Robertson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? 1 (5) Number in order of birth 4 (6) Are Parents Married? yes (7) DATE OF BIRTH Oct 25 1910
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Will Robertson
(9) PRESENT POSTOFFICE OF FATHER Senneca S.C.
(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 40 (Years)
(12) BIRTHPLACE Goldberg N.C.
(13) OCCUPATION RR work
(20) Number of children born to mother, including present birth 4

MOTHER.
(14) NAME BEFORE MARRIAGE Rosie Jenkins
(15) PRESENT POSTOFFICE OF MOTHER Senneca S.C.
(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 35 (Years)
(18) BIRTHPLACE Pickens S.C.
(19) OCCUPATION Housewife
(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 alive at 11 a. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Babara Sims
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Nov 1 1910 (28) E. Hopkins 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.

S. A. F. E. T. Y. A. F. L.