

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No.—for State Registrar Only

41236

County of

Township of

Inc. Town of

City of

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 280

Registration No. 116

(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 Grace Evelyn Robertson

If child is not named, make supplemental report as directed

(3) SEX OF CHILD

F

(4) Twin or triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

10 22

(Month of Birth) (Year)

FATHER.

(8) FULL NAME

Bradley T. Van

(9) PRESENT POSTOFFICE OF FATHER

Nurman

(10) COLOR OF RACE

White

(11) AGE AT LAST BIRTHDAY

27

(Years)

(12) BIRTHPLACE

Lincoln County

(13) OCCUPATION

Clerk in Dry Good Store

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

2

(14) NAME BEFORE MARRIAGE

Frances May Robins

(15) PRESENT POSTOFFICE OF MOTHER

Nurman

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

32

(Years)

(18) BIRTHPLACE

Lincoln County

(19) OCCUPATION

Home maker

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

25

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was (born alive or stillborn) at (Place) on the date above stated.

(22) (Signature) (23) State whether Physician or Midwife (24) Address of Physician or Midwife

Physician

(25) Given name added from a supplemental report

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Registrar

(26) Witness (Signature of Witness necessary only when question 25 is signed by mark)

(27) File No. 41236 (28) E. F. Hammond 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.

Before the fifth month of pregnancy.