

(1) PLACE OF BIRTH

County of Richland

Township of

or
Inc. Town ofor
City of Columbia

(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

31923

Registration District No. 381 Registered No. 1715

(For use of Local Registrar)

(2) Full Name of Child Robert Cline, Jr. If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of twins or triplets</small>	(5) Number in order of birth <u>25</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept. 7, 1927</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER	
(8) FULL NAME <u>Robert Cline</u>			(14) NAME BEFORE MARRIAGE <u>Leatha Rogers</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Columbia</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Columbia</u>	
(10) COLOR OR RACE <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>25</u> <small>(Years)</small>	(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>25</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>n.e.</u>			(18) BIRTHPLACE <u>n.c.</u>	
(13) OCCUPATION <u>Salesman</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 9:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Carle Paul Cline(24) State whether Physician or Midwife (25) Address of Physician or Midwife
1416 Hampton

Given name added from a supplemental report

(26) Witness

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

E. D. Cline 101...
Registrar(27) Filed 9-29-27 (28)
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.

FILE NO. 2. MARGIN RESERVED FOR INDEXING.

WHEN PLACED IN WORKING POSITION, THIS FILE NO. 2. MARGIN RESERVED FOR INDEXING.

At the time of filing this return, the child was born at the residence of the mother, or at a hospital, or at a place other than the residence of the mother, and mark the

McCauley of Columbia, No. 1, THE OTHER, No. 2, etc., in question 5.