

Form No. 1

(1) PLACE OF BIRTH

County of FairfieldTownship of #10

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

10347

Registration District No. 1707 Registered No. 18
(For use of Local Registrar)(2) Full Name of Child Robertson If child is not yet named, make supplemental report as directed

(1) SEX OR GIRL? <u>Boy</u>	(2) Twin or Triplet? <u>No</u> To be answered only in event of Twin or Triplet	(3) Number in order of birth	(4) Are Parents Married? <u>Yes</u>	(5) DATE OF BIRTH <u>Sept. 24, 1923</u> (Name of Month) (Day) (Year)
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FATHER		MOTHER	
(6) FULL NAME <u>Henry P. Robertson</u>	(14) NAME BEFORE MARRIAGE <u>Lillian Gentry</u>	(16) PRESENT POSTOFFICE OF FATHER <u>Winneton, S.C. R.F.D. 1</u>	(18) PRESENT POSTOFFICE OF MOTHER <u>Winneton S.C. R.F.D. 1</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>28</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>29</u> (Years)
(12) BIRTHPLACE <u>Fairfield Co</u>	(18) BIRTHPLACE <u>Fairfield Co</u>	(14) OCCUPATION <u>Farmer</u>	(16) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>5</u>	(21) Number of children of this mother now living, including present birth <u>5</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (How A. M. or P. M.)(23) (Signature) Samuel Gentry
(24) State whether Physician or Midwife Midwife

Given name added from a supplemental report

James L. Gentry
Sept. 28, 1923

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

(27) Filed Apr. 14, 1923 (28) E. L. Gentry 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.