

PRINT-OUT. No. 1. THE OTHER, No. 2, etc., in question 8.

(1) PLACE OF BIRTH

County of Union  
 Township of Fishers  
 OR  
 Inc. Town of .....  
 OR  
 City of Carleisle

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

File No. — For State Registrar Only  
**20396**

Registration District No. 42A3. Registered No. 2121....  
 (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 James Wm Robertson If child is not yet named, make supplemental report as directed

3) BOY OR GIRL Boy 4) Twin or Triplet? No 5) Number in order of birth 3 6) Are Parents Married? yes 7) DATE OF BIRTH June 15, 1922  
 (Name of Month) (Day) (Year)

FATHER.  
 8) FULL NAME Albert S. Robertson  
 9) PRESENT POSTOFFICE OF FATHER Carleisle  
 11) COLOR OR RACE Blk 12) AGE AT LAST BIRTHDAY 30 (Years)  
 12) BIRTHPLACE S.C.  
 13) OCCUPATION Farming  
 20) Number of children born to mother, including present birth 3

MOTHER.  
 14) NAME BEFORE MARRIAGE Clara Sykes  
 15) PRESENT POSTOFFICE OF MOTHER Carleisle  
 16) COLOR OR RACE Blk 17) AGE AT LAST BIRTHDAY 28 (Years)  
 18) BIRTHPLACE S.C.  
 19) OCCUPATION Housewife  
 21) Number of children of this mother now living, including present birth 3

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.**

(22) I hereby certify that I attended the birth of this child, who was Born alive at 8 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Beta J. Thompson  
 (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Carleisle S.C.

Given name added from a supplemental report  
James Wm Robertson

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
James Wm Robertson (27) Filed June 26, 1922 (28) Beta J. Thompson Local Registrar.

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If an child, born or unborn, is not reported as stillborn, no report is desired of stillbirths before the fifth month of pregnancy.