

Form No. 1

(1) PLACE OF BIRTH

County of Lancaster

Township of Pleasant Hill

or
Inc. Town of

or
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

43218

Registration District No. 2506 Registered No. 165

(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 2, 1922
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Thom A. Robertson

(9) PRESENT POSTOFFICE OF FATHER Heath Springs Pl. R.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 28
(Year)

(12) BIRTHPLACE Lancaster Co

(13) OCCUPATION farmer

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

MOTHER

(14) NAME BEFORE MARRIAGE Fannie Bonfield

(15) PRESENT POSTOFFICE OF MOTHER Heath Springs Pl. R.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 20
(Year)

(18) BIRTHPLACE Lancaster Co

(19) OCCUPATION domestic

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) J. K. Rutledge
(24) State whether Physician or Midwife Physician (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 Dec 10, 1922 (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.

STATE OF SOUTH CAROLINA - COLUMBIA, S. C.