

Form No. 1

(1) PLACE OF BIRTH

County of **LEXINGTON**Township of **BULL SWAMP**or
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

7692

Registration District No. **3103**Registered No. **25**
(For use of Local Registrar)

(2) Full Name of Child

Roberta Elizabeth

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

(3) Sex of Child **Female**

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married **No**(7) DATE OF BIRTH **March 20 1910**
(Name of Month) (Day) (Year)

(8) FATHER

(9) FULL NAME **W. C. Hester**(10) PRESENT POSTOFFICE OF FATHER **Livingston**(11) COLOR OR RACE **Black**(12) BIRTHPLACE **Livingston Co**(13) OCCUPATION **Labourer**(14) NAME BEFORE MARRIAGE **Sarah Black**(15) PRESENT POSTOFFICE OF MOTHER **Livingston**(16) COLOR OR RACE **Black**(17) BIRTHPLACE **Livingston Co**(18) OCCUPATION **Labourer**(19) Number of children born to mother, including present birth **1**(20) Number of children of this mother now living, including present birth **1**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was **born alive** on the date above stated.(22) (Signature) **W. C. Hester**

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife **Livingston**

Given name added from a supplemental report

(25) Witness

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

(26) Registrar

March 23 1910

(27) Legal 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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 2.

Bureau of Statistics, Columbia, S. C.