

(1) PLACE OF BIRTH

County of Union

Township of

or

Inc. Town of

or

City of Union

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No. — For State Registrar Only

28152

Registration District No. 420ARegistered No. 100

(For use of Local Registrar)

No. St.; Ward)

If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Robertson Babb (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u> </u> To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>6/8/22</u> (Name) (Month) (Day) (Year)
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FATHER.

(8) FULL NAME Erman Babb(9) PRESENT POSTOFFICE OF FATHER Union S.C.(10) COLOR OR RACE W. (11) AGE AT LAST BIRTHDAY 35
(Years)(12) BIRTHPLACE Sparksburg Co S.C.(13) OCCUPATION Mil. operating(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Addie Garner(15) PRESENT POSTOFFICE OF MOTHER Union S.C.(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 32
(Years)(18) BIRTHPLACE Sparksburg Co S.C.(19) OCCUPATION Domestic(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 and born at 10:00 M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) [Signature](24) State whether Physician or Midwife (25) Address of Physic or Midwife Union S.C.

Given name added from a supplemental report

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

(27) Filed 9-10 19 22 (28) [Signature] 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.