

(1) PLACE OF BIRTH

County of Lex
Township of Cypress
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

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

File No. For State Registrar Only
85232

Registration District No. 1504 Registered No. 154
(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

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

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? <u>no</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Oct 16 1916</u> (Name of Month) (Day) (Year)
(8) FULL NAME OF FATHER <u>Richard Robertson</u>		(14) NAME BEFORE MARRIAGE <u>Genevieve Houston</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Lanier R 4</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Lanier R 4</u>		
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>22</u> (Years)	(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>21</u> (Years)	
(12) BIRTHPLACE <u>near Lanier</u>		(18) BIRTHPLACE <u>near Lanier</u>		
(13) OCCUPATION <u>farmer</u>		(19) OCCUPATION <u>Domestic</u>		
(20) Number of children born to mother, including present birth <u>1</u>		(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 6 A.M., on the date above stated. (Hour A.M. or P.M.)
(23) (Signature) L. D. Cornell M.D.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Lanier SC

Given name added from a supplemental report
..... 191.....
Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Dec 9 1916 (28) L. W. G. Duntz 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.

Registrar | Local Registrar.

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FORM NO. 4
WHEN FILLED WITH PRINTED
LETTERS AND FIGURES ONLY
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
McCaw, of Columbia.