

(1) PLACE OF BIRTH

County of LeeTownship of Cypress

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

85232

Registration District No. 1504 Registered No. 154

(For use of Local Registrar)

(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>To be answered only in event of Twins or Triplets</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) |
|--------------------------------|--|--|--|---|

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|---|---|
| (8) FULL NAME <u>Richard Robertson</u> | (14) NAME BEFORE MARRIAGE <u>Genevieve Harshington</u> |
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| (9) PRESENT POSTOFFICE OF FATHER <u>Lamar R 4</u> | (15) PRESENT POSTOFFICE OF MOTHER <u>Lamar R 4</u> |
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|------------------------------------|---|------------------------------------|---|
| (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) |
|------------------------------------|---|------------------------------------|---|

| | |
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| (12) BIRTHPLACE <u>Mr Lamar</u> | (18) BIRTHPLACE <u>Mr Lamar</u> |
|------------------------------------|------------------------------------|

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|---------------------------------|------------------------------------|
| (13) OCCUPATION <u>Lamar</u> | (19) OCCUPATION <u>Domestic</u> |
|---------------------------------|------------------------------------|

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| (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> |
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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. Parnell M.D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Lamar SC

Given name added from a supplemental report

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(26) Witness

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

(27) Filed Dec 9 1916 (28) L. D. Parnell M.D. 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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FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.

FORM NO. 4

WHILE FILING WITH THE REGISTRAR, A SEPARATE BLANK FOR EACH CHILD, AND MARK THE

AGE