

## (1) PLACE OF BIRTH

County of Greenville  
 Township of O'Neill

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

18894

Inc. Town of ..... Registration District No. 22/3 Registered No. 43  
 (For use of Local Registrar)  
 City of ..... (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 Adell Robertson { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH June 22 19122  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Arthur C. Robertson

(9) PRESENT POSTOFFICE OF FATHER Travellers Rest

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31 (Years)

(12) BIRTHPLACE Greenville S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth { 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Daisy E. Bateson

(15) PRESENT POSTOFFICE OF MOTHER Travellers R. R. 1.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 24 (Years)

(18) BIRTHPLACE Greenville S.C.

(19) OCCUPATION Housewife

(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 Alive at 6:30 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) B. J. Anderson M.D.  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Travellers Rest S.C.

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 July 8 19122 (28) Albert W. Newsom 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.

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