

FORM NO. 5.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCraw, of Columbia.

(1) PLACE OF BIRTH

County of LaurensTownship of Laurens

or

Inc. Town of Laurens

or

City of Laurens

(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

56492

Registration District No. 29-A Registered No. 25

(For use of Local Registrar)

St.; ..... Ward)

(2) Full Name of Child. Genevieve Robertson { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Girl(4) Twin Single or Triplet?(5) Number in order of birth 1

To be numbered only in case of Twins or Triplets

(6) Are Parents Married yes(7) DATE OF BIRTH Apr 16 1916

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Rein Robertson(9) PRESENT POSTOFFICE OF FATHER Laurens - Watmin(10) COLOR OR RACE Caucasian(11) AGE AT LAST BIRTHDAY 21 (Years)(12) BIRTHPLACE Spartanburg(13) OCCUPATION mill opr.(20) Number of children born to mother, including present birth { 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Wesley(15) PRESENT POSTOFFICE OF MOTHER Laurens - Watmin(16) COLOR OR RACE Caucasian(17) AGE AT LAST BIRTHDAY 24 (Years)(18) BIRTHPLACE Spartanburg(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth { 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Chr. at 12 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Chas. J. Huerfano(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Laurens S.C.

Given name added from a supplemental report

....., 191.....

..... Registrar

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mother)

(27) Filed 4/16/16

(28)

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.

a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.