

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of *Spartanburg*

(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

27841

Registration District No. *40-0* Registered No. *373*

(For use of Local Registrar)

(No. *Provident Hosp.* St.; Ward)

(2) Full Name of Child

Baby Robertson

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

June 5 1922
(Month) (Day) (Year)

FATHER.

(8) FULL NAME

Wice Robertson

(9) PRESENT POSTOFFICE OF FATHER

*159 Twitty St
Spartanburg S.C.*

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

37
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Southern Railroad Repair

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

10

MOTHER.

(14) NAME BEFORE MARRIAGE

Laura Giles

(15) PRESENT POSTOFFICE OF MOTHER

Spartanburg S.C.

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

33
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *Born alive* at *11 P.M.*
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

106 E. Main St

Given name added from a supplemental report

(26) Witness

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

(27) Filed

9-1-22

(28)

Jas. Cooper
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.