CERTIFICATE OF BIRTH

State Board of Health

533

9A 158

County of Charleston

Township of

Ward of

City of Charleston

(If the birth occurs in a hospital or other institution, give name of same instead of street and number)

(2) Full Name of Child ... William ... Robertson

(3) SEX OR SEX?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Legitimate?	(7) DATE OF BIRTH
Boy				June 3 1923

FATHER

(8) FULL NAME: William Robertson

(9) RESIDENCE OF FATHER: Charleston

(10) COLOR OR RACE: C

(11) AGE AT LAST BIRTHDAY: 40 (Years)

(12) BIRTHPLACE: Jasper Co. S.C.

(13) OCCUPATION: Peddler

(14) Number of children born to mother, including present birth: 10

MOTHER

(15) MAIDEN NAME: Shelby Moore

(16) RESIDENCE: Charleston

(17) COLOR OR RACE: C

(18) AGE AT LAST BIRTHDAY: 38 (Years)

(19) BIRTHPLACE: Jasper Co. S.C.

(20) OCCUPATION: Worker

(21) Number of children of this mother now living, including present child: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 6:30 A.M. on the date above stated.

(23) (Signature) M.D.

(24) State whether Physician or Midwife: Physician

(25) Address: Ripley Hospital

Given name added from a supplemental report 1924

..... Registrar

(26) Witness .....
(Signature of witness required only when certificate is signed by mark)

(27) Filed ..... 1923 (28) .....

*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.

If a case involving even once