

(1) PLACE OF BIRTH

County of GreenvilleTownship of Bates

Inc. Town of .....

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

64481

Registration District No. 2201 Registered No. 31  
(For use of Local Registrar)(2) Full Name of Child Arlee Robertson

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>June 9th 1911</u> (Name of Month) (Day) (Year)
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## FATHER.

## MOTHER.

(8) FULL NAME Henry Preston Robertson(14) NAME BEFORE MARRIAGE Mamie Elizabeth Nix(9) PRESENT POSTOFFICE OF FATHER R.F.D.#2 Travellers Rest, S.C.(15) PRESENT POSTOFFICE OF MOTHER Same(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33 (Years)(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 34 (Years)(12) BIRTHPLACE Greenville S.C. (county)

(18) BIRTHPLACE

(13) OCCUPATION Farmer.Greenville County S.C.

(19) OCCUPATION

At Home.(20) Number of children born to mother, including present birth 6(21) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 9:30 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Arlee Robertson(24) State whether Physician or Midwife M.D. (25) Address of Physician or Midwife Travellers Rest, S.C.

Given name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed June 1911 (28) Dr. E.C. Standa 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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
McCaw of Columbia.