

(1) PLACE OF BIRTH

County of Greenwood

Township of

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

4123

Registration District No. 2306 Registered No. 29 ...
(For use of Local Registrar)(2) Full Name of Child Nancy Robertson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH <u>March 20, 1929</u> (Month) (Day) (Year)
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FATHER.

(8) FULL NAME Joe Robertson

(9) PRESENT POSTOFFICE OF FATHER Greenwood

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 22 (Year)

(12) BIRTHPLACE S. C. Greenwood

(13) OCCUPATION Farming

MOTHER.

(14) NAME BEFORE MARRIAGE Emmie Nickerson

(15) PRESENT POSTOFFICE OF MOTHER New Market

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 19 (Year)

(18) BIRTHPLACE Greenwood, S. C.

(19) OCCUPATION Farming

(20) Number of children born to mother, including present birth 1

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ... Alone ... at 6 P. M. ...
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) M. H. Brooks

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness Ida Belle Nickerson
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed March 20, 1929 (28) S. H. Brooks 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.

WRITE PLAINLY. WITH INK. IN SPACES PROVIDED. THIS IS A PERMANENT RECORD.
In case of twins or triplets use a SEPARATE BLANK FORM FOR EACH CHILD, and mark the FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 2.