

## (1) PLACE OF BIRTH

County of Barnwell

Township of .....

Inc. Town of Barnwell, S.C.

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 501

File No.—For State Registrar Only

24843Registered No. 30  
(For use of Local Registrar)

(No. .... St.; .... Ward)

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

(2) Full Name of Child Mary Olive 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>24</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>May 27th 1922</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Edgar DuBose Robertson(9) PRESENT POSTOFFICE OF FATHER Barnwell, S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 24 (Years)(12) BIRTHPLACE Quince Hill, Richland County.(13) OCCUPATION Dry Goods Salesman.(14) Number of children born to mother, including present birth TWO

## MOTHER.

(14) NAME BEFORE MARRIAGE Olive Calhoun(15) PRESENT POSTOFFICE OF MOTHER Barnwell, S.C.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 27 (Years)(18) BIRTHPLACE Barnwell, S.C.(19) OCCUPATION House wife.(20) Number of children of this mother now living, including present birth TWO

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Mary Olive at 6:10 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Physician

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Barnwell 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 10 22 (28) H. F. Kirkland 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.