

(1) PLACE OF BIRTH

County of Kershaw
Township of TrillickCERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

30863

Inc. Town of Registration District No. 2701 Registered No. 200
(For use of Local Registrar)
City of (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

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? (5) Number in order of birth
To be answered only in event of Twins or Triplets(6) Are Parents Married? Yes(7) DATE OF BIRTH Sept. 16, 22
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Ernest L. Robertson(14) NAME BEFORE MARRIAGE Lula DeBruhl(9) PRESENT POSTOFFICE OF FATHER Oconee(15) PRESENT POSTOFFICE OF MOTHER Oconee(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38
(Years)(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 33
(Years)(12) BIRTHPLACE Kershaw Co(18) BIRTHPLACE Kershaw Co(13) OCCUPATION Lytle(19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 5(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 at 2:00 at 2:00 M.
on the date above stated. (Hour A. M. or P. M.)(23) (Signature) W. L. Byrd (24) State whether Physician or Midwife (25) Address of Physician or Midwife
Physician Oconee

Given name added from a supplemental report

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

(27) Filed Oct 16, 22 (28) W. L. Byrd Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

(29) Filed 10-10-22 (30) W. L. Byrd Local Registrar
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