

MAKE REMOVED FOR FINDING.
 THESE PLACES, WITH UNIFORMITY, THIS IS A PERMANENT REPORT
 IN A CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND ONLY ONE
 FIRST-BORN, NO. 1. THE OTHER, NO. 2, etc., in question 1.
 McCOMB OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Colleton
 Township of St. Marks
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

868

Registration District No. 1810

Registered No. 6
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (2) Full Name of Child Elizabeth Robertson

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 4 (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 20 1923
 To be answered only in event of Twins or Triplets

FATHER.		MOTHER.	
(8) FULL NAME <u>Wm. Robertson</u>	(14) NAME BEFORE MARRIAGE <u>Hestelle Middleton</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Foster St.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Foster St.</u>
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>32</u>	(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>27</u>
(12) BIRTHPLACE <u>S.C.</u>	(18) BIRTHPLACE <u>S.C.</u>	(19) OCCUPATION <u>Drumming</u>	(21) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>4</u>	(21) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) Lddie Combs
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife St. Marks
 Given name added from a supplemental report
 (26) Witness Wm. M. Carter (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Jan 21 1923 H. P. Spratt 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.

X