

## (1) PLACE OF BIRTH

County of CharlestonTownship of Charlestonor  
Inc. Town of .....or  
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

40007

Registration District No. 1702Registered No. 3  
(For use of Local Registrar)(2) Full Name of Child Robin P. Rountree If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>To be answered only in event of Twin or Triplet</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Oct 9, 1923</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Robin P. Rountree(9) PRESENT POSTOFFICE OF FATHER Summersville S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 33  
(Years)(12) BIRTHPLACE Charleston, S.C.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth Four

## MOTHER.

(14) NAME BEFORE MARRIAGE Ida E. Brown(15) PRESENT POSTOFFICE OF MOTHER Summersville S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 28  
(Years)(18) BIRTHPLACE Summersville S.C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth Four

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 1:30 P.M. on the date above stated.  
(Born alive or stillborn Hour P. M. or P. M.)(23) (Signature) Edward J. Sasser  
(24) State whether Physician or Midwife (25) Address of Phys. or Midwife  
Physician Summersville S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed "mark")

(27) Filed Jan 16, 1924 (28) E. J. Sasser 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.

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