

Form No. 1

(1) PLACE OF BIRTH

County of Lillhoia,.....

Township of Smithville,.....

or
Inc. Town of.....

or
City of.....

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

(2) Full Name of Child Fancia Robinson

File No. — For State Registrar Only

18506

CERTIFICATE OF BIRTH

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

Registration District No. 5308... Registered No. 49.....
(For use of Local Registrar)

3-27-00
O/R/L7

4) Twin or Triplet? To be answered only in event of Twins or Triplets	5) Number in order of birth	6) Are Parents Married? <u>Y</u>	7) DATE OF BIRTH BIRTH (Month) <u>10</u> (Day) <u>10</u> (Year) <u>1900</u>
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FATHER.

8) FULL NAME WILLIAM ROBERTSON

9) PRESENT POSTOFFICE OF FATHER OSBORNE, N.C.

10) COLOR OR RACE W. C. (11) AGE AT LAST BIRTHDAY 36 (Years)

12) BIRTHPLACE S.C.

13) OCCUPATION Farm Labor.

20) Number of children born to mother, including present birth 5

MOTHER.

14) NAME BEFORE MARRIAGE WILLIAM ROBERTSON

15) PRESENT POSTOFFICE OF MOTHER OSBORNE, N.C.

16) COLOR OR RACE W. C. (17) AGE AT LAST BIRTHDAY 36 (Years)

18) BIRTHPLACE N.C.

19) OCCUPATION House Work.

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was at 2.30 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Nancy Williams

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(Given name added from a supplemental report)

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

(27) Filed 10-10-13 (28) W. H. Priest 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.