

N. B.—In case of TWINS or TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN No. 1—THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH County of <u>Hampton</u> Township of <u>Pocotaligo</u> or Inc. Town of <u>Yemassee</u> or City of <u>Yemassee</u> (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. — Ruf State Registration Unit <b>77489</b>	
Registration District No. <u>2403</u>		Registered No. <u>49</u> (For use of Local Registrar)			
(2) Full Name of Child <u>Elizabeth Robertson</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>3</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept 7, 1916</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>David Robertson</u>			(14) NAME BEFORE MARRIAGE <u>Mary Sage</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Yemassee S C</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Yemassee S C</u>		
(10) COLOR OR RACE <u>Negro</u>			(16) COLOR OR RACE <u>Negro</u>		(17) AGE AT LAST BIRTHDAY <u>25</u> (Years)
(12) BIRTHPLACE <u>So. Car</u>			(18) BIRTHPLACE <u>So. Car</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>Three (3)</u>			(21) Number of children of this mother now living, including present birth <u>Three (3)</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>9 A.</u> M., on the date above stated. (Born <u>alive</u> or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Elise J. Williams</u>					
(24) State whether Physician or Midwife <u>Midwife</u> Address of Physician or Midwife <u>Yemassee, S C</u>					
Given name added from a supplemental report					
(25) Witness <u>J. J. A. Robertson</u> (Signature of Witness necessary only when question 23 is signed by mark)					
(26) Filed <u>1916</u> (28) <u>T. R. McEwen</u> 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.