

(1) PLACE OF BIRTH

County of Norbury
Township of Floyd

CERTIFICATE OF BIRTH

State of SOUTH CAROLINA
County of West Chester
State Board of Health

File No. 45926
45926

(2) Name of Person of
Sex _____
Age _____
If born dead or stillborn, give name of deceased child and number
of days since birth _____

(3) Full Name of Child Harriet Barbara
If child is not yet named, make application for name to be given

(4) DAY OR
YEAR
Mo. Day Year
1943
FATHER

(5) NAME OF FATHER
Frank J. Robertson
Harriet Barbara

(6) PRESENT
RESIDENCE
OF MOTHER
in house

(7) COLOR
OR
LINE
black

(8) AGE
OR
LINE
25 years

(9) OCCUPATION
housewife

(10) OCCUPATION
Housewife

(11) Name of physician who
made delivery Dr. J. Y. Floyd

(12) Number of children of this mother
now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(13) I hereby certify that I attended the birth of the child, who was born on 12 1943 at Franklin, South Carolina, to Harriet J. Robertson, age 25, black, housewife, residence Franklin.

(14) I declare that the birth was normal and that the child is in good health.

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