

(1) PLACE OF BIRTH

County of
 Township of Abbeville S.C.
 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

24441

Registration District No. 110 Registered No. 10
 (For use of Local Registrar)

City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Willie Robinson (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH August 9, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Oscar Robinson
 (9) PRESENT POSTOFFICE OF FATHER Abbeville S.C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY (Years)
 (12) BIRTHPLACE

MOTHER.

(14) NAME BEFORE MARRIAGE Bessie William
 (15) PRESENT POSTOFFICE OF MOTHER Abbeville S.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY (Years)
 (18) BIRTHPLACE

(13) OCCUPATION

Farming

(19) OCCUPATION

Farming

(20) Number of children born to mother, including present birth 1

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Marion Light
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Marion Light, Abbeville S.C.

Given name added from a supplemental report

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

(27) Filed Aug 17, 1922 (28) R. B. Jones
 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.

THIS IS A PERMANENT RECORD. 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.