

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 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 8.

(1) PLACE OF BIRTH  
 County of Fairfield  
 Township of #10  
 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.)  
 Registration District No. 1109 Registered No. 6  
 (For use of Local Registrar)

File No.—For State Registrar Only  
46146

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? yes (7) DATE OF BIRTH Jan 31 1916  
 (Name of Month) (Day) (Year)  
 To be answered only in case of twins or triplets

FATHER.		MOTHER.	
(8) FULL NAME <u>Mr. F. J. Robinson</u>	(14) NAME BEFORE MARRIAGE <u>Margaret E. Little Robinson</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Hallsville</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Hallsville S.C.</u>
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>27</u> (Years)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)
(12) BIRTHPLACE <u>Fairfield Co.</u>	(18) BIRTHPLACE <u>Fairfield Co.</u>	(13) OCCUPATION <u>farmer</u>	(19) OCCUPATION <u>housewife</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  
 (22) I hereby certify that I attended the birth of this child, who was born at Hallsville on the date above stated.  
 (23) (Signature) F. J. Robinson  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Rockton

Given name added from a supplemental report ..... 191.....  
 Registrar  
 (26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Feb 1 1916 (28) E. S. Smith 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.  
 Registrar (27) Filed Feb 1 1916 (28) E. S. Smith Local Registrar

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