

(1) PLACE OF BIRTH

County of Richland

Township of

or Town of

or City of Columbia

(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.—For State Registrar Only

506

Registration District No. 38^a Registered No. 148

(For use of Local Registrar)

(No. 1000 St. 4 Ward)2) Full Name of Child Anthony Gene Robinson If child is not yet named, make supplemental report as directed(3) Sex Male (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? No (7) DATE OF BIRTH Feb. 11th 1903 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Lawrence King(9) PRESENT POSTOFFICE OF FATHER Greer - S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26 (Years)(12) BIRTHPLACE Greer -(13) OCCUPATION Col. Buyer(14) Number of children born to mother, including present birth None

MOTHER.

(14) NAME BEFORE MARRIAGE Clara G. Robinson(15) PRESENT POSTOFFICE OF MOTHER Columbia(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 16 (Years)(18) BIRTHPLACE Greer - S.C.

(19) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at Feb. 11th 1903 on the date above stated. (Born alive or stillborn) (Hour M. or P.M.)(23) (Signature) [Signature]

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

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 March 19 1903 (28) A. J. Sloan 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.

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