

WRITE PLAINLY, WITH 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 1.

McGraw-Hill of Columbia

(1) PLACE OF BIRTH

County of Pickens

Township of

Inc. Town of

City of Georgetown

(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

4913

Registration District No. 97-A Registered No. 19

(For use of Local Registrar)

(2) Full Name of Child. Esther Robinson If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Girl (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 18 1912 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Horis Monibel Robinson(9) PRESENT POSTOFFICE OF FATHER Georgetown(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37 (Years)(12) BIRTHPLACE P.C.(13) OCCUPATION mill hand(20) Number of children born to mother, including present birth 3

MOTHER

(14) NAME BEFORE MARRIAGE Rebecca Hagan(15) PRESENT POSTOFFICE OF MOTHER Georgetown(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION mill hand(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 5 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Wm. J. Pearson(24) State whether Physician or Midwife (25) Address of Physician or Midwife Georgetown

Given name added from a supplemental report

..... 191.....

Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed) Wm. J. Pearson(27) Filed Mar 3 1912 (28) Wm. J. Pearson 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.

No report is desired of stillbirths before the fifth month of pregnancy.