

(1) PLACE OF BIRTH

County of JeffersonTownship of 11or
Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 4008

No. for this registration

44250Registered No. 66585
(For use of Local Registrar)

(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

If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Age Previous Marriages <u>yes</u>	(7) DATE OF BIRTH <u>Feb. 22, 1929</u> (Name of month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Herman Robins</u>			(14) NAME BEFORE MARRIAGE <u>Lillian Spina</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Camden, S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Camden, S.C.</u>	
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)	(16) COLOR OR RACE <u>W</u>	(17) AGE AT LAST BIRTHDAY <u>17</u> (Years)	
(12) BIRTHPLACE <u>S.C.</u>			(18) BIRTHPLACE <u>S.C.</u>	
(13) OCCUPATION <u>7</u>			(19) OCCUPATION <u>D.</u>	
(20) Number of children born to mother, including present birth <u>1</u> <u>2</u>			(21) Number of children of this mother now living, including present birth <u>1</u> <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 P. M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) C. H. L. L. L. L. L.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Camden, S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Jan 271924(28) Mrs. C. F. ParkerLocal Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report if a child breathes even once, it must not be reported as stillborn. No report is desired of stillborn before the fifth month of pregnancy.