

## (1) PLACE OF BIRTH

County of AbbevilleTownship of Reeferor  
Inc. Town ofor  
City of

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2502

File No.—For State Registrar Only

15342

Registered No. 44  
(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 Wiley Labmage Robinson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>17</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>May 13</u> 19 <u>22</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME William Robinson(9) PRESENT POSTOFFICE OF FATHER The Town of(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31 (Years)(12) BIRTHPLACE County, S.C.(13) OCCUPATION Ex. S. United States(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Miss May Alfred(15) PRESENT POSTOFFICE OF MOTHER Box 80, P.F.E.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Years)(18) BIRTHPLACE County, S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive 4:50 at 4:50 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. H. Weaver(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Lowndes

Given name added from a supplemental report

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

(27) Filed May 15 1922 (28) W. H. Weaver 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.

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