

(1) PLACE OF BIRTH

County of Fairfield
 Township of 9
 Inc. Town of
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. — For State Registrar Only

3755

Registration District No. 1908 Registered No. 4
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(1) BOY OR GIRL Boy (4) Twin or Triplet X (5) Number in order of birth 2 (6) Are Parents Married no (7) DATE OF BIRTH Feb. 23
 (Name of Month) (Day) (Year)

FATHER
 (8) FULL NAME Walker Robinson

(9) PRESENT POSTOFFICE OF FATHER Don't know

(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY Don't know
 (Year)

(12) BIRTHPLACE Fairfield Co S

(13) OCCUPATION Public work

(20) Number of children born to mother, including present birth 2

MOTHER
 (14) NAME BEFORE MARRIAGE Jennie Sander

(15) PRESENT POSTOFFICE OF MOTHER Rioy S

(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 16
 (Year)

(18) BIRTHPLACE Fairfield Co S

(19) OCCUPATION Jennie laborer

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 3:30 M., on the date above stated. (Born alive or stillborn) (Hour) (M. or P. M.)

(23) (Signature) Jennie Cook (24) State whether Physician or Midwife (25) Address of Physician or Midwife Rioy S

Given name added from a supplemental report

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

(27) Date Feb 8 1923 (28) [Signature]

When there was no attending physician or midwife, then the father, householder, etc., should sign and return. If a child breathes even once, it must be reported as stillborn. No report is desired of stillbirths occurring within the month of pregnancy.