

MARGIN RESERVED FOR BINDING.
WHITE PAPER, WITH UNPAID INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS or TRIPLETS use a SEPARATE PLATE FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 3.

County of Franklin
Township of Franklin
or
Inc. Town of Franklin
or
City of Franklin

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

19352

Registration District No. 275A Registered No. 36
(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 Gordon Robinson

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

3. BOY OR GIRL?	4. Twin or Triplet? To be answered only in event of Twins or Triplets	5. Number In order of birth	6. Are Parents Married? <i>yes</i>	7. DATE OF BIRTH..... <i>June 15, 1932</i> (Name of Month) (Day) (Year)
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FATHER.

8) FULL NAME James Robinson

9) PRESENT POSTOFFICE OF FATHER Richmond, Va.

10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38 (Years)

12) BIRTHPLACE Virginia

13) OCCUPATION Miner

20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Kirk

(15) PRESENT POSTOFFICE OF MOTHER Little Rock, Ark.

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 37 (Years)

(18) BIRTHPLACE Livingston, La.

(19) OCCUPATION farmer

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was, Burn Alvin at 2 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) William H. Williams
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

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

Given name added from a supplemental report

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

(27) Filed Jan 27 1922 (28) J. V. [Signature]
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.