

(1) PLACE OF BIRTH

County of York

Township of

or Inc. Town of

or City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

17561

Registration District No. Registered No. 1811

(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 Anna Robison If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married No (7) DATE OF BIRTH March 1923

FATHER. MOTHER.

(8) FULL NAME Yon Robison (14) NAME BEFORE MARRIAGE matie colson(9) PRESENT POSTOFFICE OF FATHER Winters (15) PRESENT POSTOFFICE OF MOTHER Winters(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 20 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 17(12) BIRTHPLACE Yupond (18) BIRTHPLACE Winters(13) OCCUPATION Farming (19) OCCUPATION Lawyer(20) Number of children born to mother, including present child one (21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Black at 11 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. H. H. H. (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 19 (28) 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.