

(1) PLACE OF BIRTH

County of York

Township of .....

or 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

17561

Registration District No. .... Registered No. 1811  
(For use of Local Registrar)

(No. .... St.; .... Ward)

(2) Full Name of Child Clara Robison (If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
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 June 4, 1923  
(Month) (Day) (Year)

FATHER.  
(8) FULL NAME Yon Robison  
(9) PRESENT POSTOFFICE OF FATHER Windsor  
(10) COLOR OR RACE Blk (11) AGE AT LAST BIRTHDAY 20 (Year)  
(12) BIRTHPLACE Yupond  
(13) OCCUPATION Farming  
(20) Number of children born to mother, including present birth one

MOTHER.  
(14) NAME BEFORE MARRIAGE Matie Colman  
(15) PRESENT POSTOFFICE OF MOTHER Windsor  
(16) COLOR OR RACE Blk (17) AGE AT LAST BIRTHDAY 17  
(18) BIRTHPLACE Windsor  
(19) OCCUPATION Laundress  
(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 Blk at 11:30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Ophe Throck (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report  
Clara 19 .....

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed 19 .....

\*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.