(1) PLACE OF BIRTH

County of Cabarrus

Township of Rimer or

Inc. Town of ..... or

City of ..... (No. ..... St.; ..... Ward)

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

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only 3310

Registration District No. 822 Registered No. 16
(For use of Local Registrar)

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

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
Boy			No	August 24, 1922 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.		MOTHER.	
(8) FULL NAME	Charles Smith	(14) NAME BEFORE MARRIAGE	Meta Robinson
(9) PRESENT POSTOFFICE OF FATHER	Mt. Mayfield	(15) PRESENT POSTOFFICE OF MOTHER	Mt. Mayfield
(10) COLOR OR RACE	Negro	(11) AGE AT LAST BIRTHDAY ..40.. (Years)	(16) COLOR OR RACE Negro	(17) AGE AT LAST BIRTHDAY ..16.. (Years)
(12) BIRTHPLACE	South Carolina	(18) BIRTHPLACE	South Carolina
(13) OCCUPATION	School Teacher	(19) OCCUPATION	Farm Work
(20) Number of children born to mother, including present birth	2	(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 alive at 7 A. M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature) Jon X Calford

(24) State whether Physician or Midwife: midwife

(25) Address of Physician or Midwife: Mt. Mayfield

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed Aug 4 1922 (28) C. P. Rabe
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.

No. 11—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the BIRTHS in order of occurrence. See Questions 4, 5, 6.

MARGIN RESERVED FOR BINDING.
WHERE FEASIBLE, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
Bureau of Vital Statistics, Columbia, S. C.