

Not reg. in hall

3-23-49

bhh

No money

22 049356

U. S. Dept. of Commerce
Bureau of the Census

1. PLACE OF BIRTH

County of Richland

Township of _____

or
Inc. Town of _____

or
City of _____

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

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3801

FILE No.—For State Registrar Only

05731

Registered No. _____

(For use of Local Registrar)

(No. _____ St.; _____ Ward)

2. FULL NAME OF CHILD

James Robinson

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

3. Boy or Boy 4. Twin, triplet or other _____ 5. Number, in order of birth _____ 6. Premature _____ Full term _____ 7. Are Parents Married? No 8. Date of birth Nov. 9, 1922 (Month, day, year)

9. Full name FATHER 18. Name before marriage MOTHER Lucille Robinson

10. Residence (mailing address) (If non-resident, give place and State) _____ 19. Residence (mailing address) (If non-resident, give place and State) Eastover, SC

11. Color or race _____ 12. Age at child's birth _____ (years) 20. Color or race Col. 21. Age at child's birth 13 (years)

13. Birthplace (city or place) (State or country) _____ 22. Birthplace (city or place) (State or country) Eastover, S.C.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____ 15. Industry or business in which work done, as silk mill, sawmill, bank, etc. _____ 16. Date (month and year) last engaged in this work _____ 17. Total time (years) spent in this work _____ 19. _____ 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. _____ 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____ 25. Date (month and year) last engaged in this work _____ 19. _____ 26. Total time (years) spent in this work _____

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____

28. If stillborn, period of gestation _____ months _____ weeks 29. Cause of stillbirth _____ (Before labor _____ During labor _____)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at _____ m. on the date above stated. (Born alive or stillborn)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Given name added from a supplementary report _____ (Date of) _____

(Signed) Lucille Robinson, Parent or _____, Guardian

Address _____

Filed 3-31-49, 19 _____ Thos. F. Lesesne Registrar

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)