

Not reg. in hall

3-23-49

bhh

No money

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.)

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)

James Robinson

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 380

FILE No.—For State Registrar Only

05731

Registered No. _____

(For use of Local Registrar)

St.; _____ Ward)

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

2. FULL NAME OF CHILD

3. Boy or

If Plural
births

4. Twin, triplet or other

6. Premature

7. Are Parents

8. Date of
birth

Nov. 9

1922

Boy

5. Number, in order of birth

Full term

Married? No

(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, SC

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

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

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.