

McCaw of Columbia, S. C.  
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Aiken  
Township of Langley  
or  
Inc. Town of  
or  
City of Near Langley (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  
**28591**

Registration District No. 2-1-7-A Registered No. 88  
(For use of Local Registrar)

(2) Full Name of Child Bessie Robinson

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

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>—</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>no</u>	(7) DATE OF BIRTH <u>Sept 19 1922</u> (Name Month Day Year)
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FATHER.  
(8) FULL NAME Alonzo Robinson  
(9) PRESENT POSTOFFICE OF FATHER Augusta Ga Ky  
(10) COLOR OR RACE colored  
(11) AGE AT LAST BIRTHDAY 18 (Years)  
(12) BIRTHPLACE Aiken Co S.C.  
(13) OCCUPATION Chalk Bed work  
(20) Number of children born to mother, including present birth 1

MOTHER.  
(14) NAME BEFORE MARRIAGE Ellen Hill  
(15) PRESENT POSTOFFICE OF MOTHER Warrenville S.C.  
(16) COLOR OR RACE colored  
(17) AGE AT LAST BIRTHDAY 17 (Years)  
(18) BIRTHPLACE Aiken Co S.C.  
(19) OCCUPATION Domestic  
(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 1 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Harriet T. Edwards  
(24) State whether Physician or Midwife Midwife  
(25) Address of Physician or Midwife Langley S.C.

Given name added from a supplemental report

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

(27) Filed Sept 30 1922 (28) L. W. Spradley 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.