

(1) PLACE OF BIRTH

County of HamptonTownship of Northor
Inc. Town ofor
City of

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

2) Full Name of Child Flossie Robinson

File No.—For State Registrar Only

30624

Registration District No. 2400 Registered No. 122

(For use of Local Registrar)

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 19, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Nathan Robinson(9) PRESENT POSTOFFICE OF FATHER Lurray S.C.(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 30 (Years)(12) BIRTHPLACE Hampton Co(13) OCCUPATION Farming(14) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Ada Brooks(15) PRESENT POSTOFFICE OF MOTHER Lurray S.C.(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE Hampton Co(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Alive at 9:15 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Nathan Robinson(24) State whether Physician or Midwife (25) Address of Physician or Midwife Hampton Co Lurray S.C.

Given name added from a supplemental report

101

Registrar

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

(27) Filed Sept 22, 1922 (28) H. E. Robinson 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.

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W. P. Ellis