

MARGIN RESERVED FOR BINDING.  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Cherokee  
Township of St. James  
or  
Inc. Town of McClainville S.C.  
City of \_\_\_\_\_  
(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

3492

Registration District No. 206 Registered No. 13  
(For use of Local Registrar)

St.; \_\_\_\_\_ Ward  
(If child is not yet named, make supplemental report as directed)

(2) Full Name of Child Corene Opsey Robinson

(3) BOY OR GIRL Girl (4) Twin or Triplet? \_\_\_\_\_ (5) Number in order of birth 1  
To be answered only in event of Twin or Triplet (6) Are Parents Married? yes (7) DATE OF BIRTH May 27 1922  
(Name of Month) (Day) (Year)

FATHER. (8) FULL NAME Paul H. Robinson (14) NAME BEFORE MARRIAGE Opsey, Grace, Lofton  
(9) PRESENT POSTOFFICE OF FATHER McClainville S.C. (15) PRESENT POSTOFFICE OF MOTHER McClainville S.C.  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Year) (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20 (Year)  
(12) BIRTHPLACE McClainville S.C. (18) BIRTHPLACE McClainville S.C.  
(13) OCCUPATION Merchant (19) OCCUPATION Housewife  
(20) Number of children born to mother, including present birth One (21) Number of children of this mother now living, including present birth One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) J. Alex. McLean (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife McClainville

Given name added from a supplemental report \_\_\_\_\_  
(26) Witness \_\_\_\_\_ (Signature of Witness necessary only when question 24 is signed by mark)  
(27) Filed May 30 1922 (28) 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 a stillborn. No report is desired of stillbirths before the fifth month of pregnancy.