

## (1) PLACE OF BIRTH

County of Lancaster Co.Township of Bufordor  
Inc. Town of .....or  
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

Registration District No. 250 D. Registered No. 73  
(For use of Local Registrar)(2) Full Name of Child Walter Robinson (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1st (6) Age at birth 24 (7) DATE OF BIRTH Feb 1, 1923  
(Name of Month) (Day) (Year)

| FATHER.                                                                            |                                                                                               | MOTHER.                                                |                                                        |
|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|--------------------------------------------------------|--------------------------------------------------------|
| (8) FULL NAME <u>John Robinson</u>                                                 | (14) NAME BEFORE MARRIAGE <u>Alice McGee</u>                                                  | (10) PRESENT RESIDENCE OF FATHER <u>Lancaster S.C.</u> | (16) PRESENT RESIDENCE OF MOTHER <u>Lancaster S.C.</u> |
| (12) COLOR OR RACE <u>Color</u>                                                    | (11) AGE AT LAST BIRTHDAY <u>44</u> (Year)                                                    | (18) COLOR OR RACE <u>Color</u>                        | (17) AGE AT LAST BIRTHDAY <u>40</u> (Year)             |
| (15) BIRTHPLACE                                                                    | (19) BIRTHPLACE                                                                               | (21) OCCUPATION <u>Farming</u>                         | (20) OCCUPATION <u>Farming</u>                         |
| (22) Number of children born to mother, including present birth <u>12 children</u> | (23) Number of children of this mother now living, including present birth <u>12 children</u> |                                                        |                                                        |

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(24) I hereby certify that I attended the birth of this child, who was Samuel on the date above stated. (Born alive or stillborn) (Sex: M. or F. M.)(25) (Signature) Rachel Durend Amos (26) State whether Physician or Midwife midwife (27) Address of Physician or Midwife Route 5

Given name added from a supplemental report

(28) Witness Mrs Lathie Porter  
(Signature of Witness necessary only when question 28 is signed by mark)

(29) Signed Walter Robinson (30) Walter Robinson  
Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should sign.  
If a child breathes even once, it must not be reported as stillborn. No report is desired of a child before the fifth month of pregnancy.

STATE PRINTING, 1917  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD.  
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.