

1. PLACE OF BIRTH

County of Charleston

Township of _____

In Town of _____

City of Charleston

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 9aRegistered No. 285a

(For use of Local Registrar)

2. FULL NAME OF CHILD

Leroy Johnson Robinson

(If birth occurs in a hospital or other institution, give name of same instead of street and number. If child is not yet named, give supplemental report on death.)

3. Sex of Child

4. M. or F.

5. Twin, triplet, or other

6. Premature

7. Legitimate

8. Date of Birth

Feb 12 1923

(Month, day, year)

9. Full name

FATHER

Theodore Johnson

10. Full maiden name

MOTHER

Mary Robinson

11. Residence (usual place of abode)

City

12. Residence (usual place of abode)

City

13. Color or race

Ch

14. Age at last birthday

16

15. Age at last birthday

16. Birthplace (city or place)

Charleston SC

17. Birthplace (city or place)

Charleston S.C.

(State or country)

18. Trade, profession, or particular kind of work done, as optician, carpenter, bookkeeper, etc.

Teacher

19. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

at home

20. Industry or business in which work was done, as silk mill, cannery, bank, etc.

at home

21. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

22. Date (month and year) last engaged in this work

19

23. Date (month and year) last engaged in this work

19

24. Total time (years) spent in this work

25. Number of children of this mother (At time of this birth and including this child)

3

(a) Born alive and now living

1

(b) Born alive but now dead

2

(c) Stillborn

26. If stillborn, period of gestation

months weeks

27. Cause of stillbirth

Before labor

During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at _____ m. on the date above stated (Born alive or stillborn)

(Signed)

M. D.

or Maria Monette her mother

Address

2411 Harman St

Filed

9/171930Dr. Ridgman

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

Given name added from

a supplemental report

(Date of)

Signature