

(1) Name of mother

County of Washington
Township of Mt. St. M.

STATE OF NORTH CAROLINA
Bureau of Vital Statistics
State Board of Health

Inc. Town of

Registration District No. 909a

Neighboring No. 60

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 Elvira Robinson

If child is not yet named, write name of mother

(3) SEX Girl (4) Type of Vaginal yes (5) Number of children of this mother 2 (6) Date of birth May 7 1923

(7) FATHER James Robinson

(8) MOTHER Diabian Gilliard

(9) RESIDENCE 7 Mile

(10) RESIDENCE 7 Mile

(11) COLOR col (12) AGE AT LAST BIRTHDAY 25 (Year)

(13) COLOR col (14) AGE AT LAST BIRTHDAY 22 (Year)

(15) BIRTHPLACE Berkeley Co.

(16) BIRTHPLACE Charleston Co

(17) OCCUPATION Empl. at Arkden C.P.

(18) OCCUPATION House work

(19) Number of children born to mother, including present birth 2

(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(22) (Signature) Emma Durrence
(23) State whether Physician or Midwife R. Midwife (24) Address of Physician or Midwife

Given name added from a supplemental report

(25) Witness

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(26) Signature of Witness necessary only when question 25 is signed in margin
(27) Date May 7 1923 (28) B. F. Myers 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.

Before the fifth month of pregnancy.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.