

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.

McCaw, of Columbia.

(1) PLACE OF BIRTH
County of Abbeville
Township of Abbeville
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No. — For State Registrar Only
62757

Registration District No. 100 Registered No. 124
(For use of Local Registrar)
St.; Ward
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Morgan Robinson If child is not yet named, make supplemental report as directed

(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 June 14, 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Loyal Robinson
(9) PRESENT POSTOFFICE OF FATHER Abbeville S
(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 24 (Years)
(12) BIRTHPLACE Abbeville S
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth Four

MOTHER.
(14) NAME BEFORE MARRIAGE Fellen Pusse
(15) PRESENT POSTOFFICE OF MOTHER Abbeville S
(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 20 (Years)
(18) BIRTHPLACE Abbeville S
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 11 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lundy Robinson
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
....., 191.....
Registrar

(26) Witness J. Pusse (Signature of Witness necessary only when question 23 is signed by mother)
(27) Filed Jan 20, 1916 (28) J. Pusse 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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