

Form No. 1

## (1) PLACE OF BIRTH

County of FlorenceTownship of Lynch

or

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. 20th

File No.—For State Registrar Only

42414Registered No. 94  
(For use of Local Registrar)(2) Full Name of Child Unnamed Robinson

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

Dec 22 1927  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

W. L. Robinson

(9) PRESENT POSTOFFICE OF FATHER

Cowards, S.C.

(10) COLOR OR RACE

Col

(11) AGE AT LAST BIRTHDAY

36  
(Years)

(12) BIRTHPLACE

I.O.

(13) OCCUPATION

Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE

Daisy Robinson

(15) PRESENT POSTOFFICE OF MOTHER

Cowards, S.C.

(16) COLOR OR RACE

Col

(17) AGE AT LAST BIRTHDAY

22  
(Years)

(18) BIRTHPLACE

I.O.

(19) OCCUPATION

Housewife(20) Number of children born to mother, including present birth 2(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 3:45 P.M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Maggie Lucas(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Cowards, S.C.

Given name added from a supplemental report

(26) Witness W. L. Robinson

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec 27 1927(28) E. P. Montgomerie  
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.