

Form No. 1

(1) PLACE OF BIRTH

County of OrangeburgTownship of Goodlandor
Inc. Town ofor
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

File No.—For State Registrar Only

16280

Registration District No. 3615 Registered No.
(For use of Local Registrar)(2) Full Name of Child Liba Mae Robinson If child is not yet named, make supplemental report as directed(3) ~~Boy or~~ GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH May 12 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Leon Robinson(9) PRESENT POSTOFFICE OF FATHER Neeses, S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 23 (Years)(12) BIRTHPLACE Orangeburg, Co.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Stella Bottoms(15) PRESENT POSTOFFICE OF MOTHER Neeses, S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE Orangeburg, Co.(19) OCCUPATION House Keeping(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 7 P. M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Henrietta Bottoms(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 5-22-22 (28) J. E. Peck 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.

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—CHILD'S NAME IN FULL, INCLUDING MIDDLE NAME, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

HOGAN OF COLUMBIA, COLUMBIA, S. C.