

FORM NO. 1.

(1) PLACE OF BIRTH - **CERTIFICATE OF BIRTH**

County of Lenoir Co. STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 Township of Placout Hill State Board of Health

File No.—For State Registrar Only
82352

Inc. Town of Registration District No. 2876 Registered No. 103
 City of (For use of Local Registrar)
 (If birth occurs in a hospital or other institution give name of same instead of street and number.)

(2) Full Name of Child Carrie 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? no (7) DATE OF BIRTH Aug. 7 1916
To be answered only in case of twins or triplets

FATHER.
 (8) FULL NAME Willie Coughen
 (9) PRESENT POSTOFFICE OF FATHER Sturkewell St
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 28 (Years)
 (12) BIRTHPLACE Lenoir County
 (13) OCCUPATION farmer
 (20) Number of children born to mother, including present birth 1

MOTHER.
 (14) NAME BEFORE MARRIAGE Sarah Robinson
 (15) PRESENT POSTOFFICE OF MOTHER Sturkewell St
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 17 (Years)
 (18) BIRTHPLACE Sturkewell County
 (19) OCCUPATION Domestic
 (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 at Sturkewell M., on the date above stated. (Born alive, or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Sarah Robinson
 (24) State whether Physician or midwife (25) License of Physician or Midwife

Given name added from a supplemental report
 _____, 191____
 _____ Registrar

(26) Witness Ed F. Hammond
 (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Nov 10 1916 (28) Ed F. Hammond 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.

USE—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.