

FORM NO. 1.

## (1) PLACE OF BIRTH

County of

Township of

Inc. Town of

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

82352

Registration District No. 2876

Registered No.

103

(For use of Local Registrar)

## (2) Full Name of Child

Came 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

(Name of Month) (Day) (Year)

(8) FULL NAME

Willie Coughen

(9) PRESENT POSTOFFICE OF FATHER

Aurora St

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

18

(Years)

(12) BIRTHPLACE

Lancaster County

(13) OCCUPATION

Farmer

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

1

(14) NAME BEFORE MARRIAGE

Sarah Robinson

(15) PRESENT POSTOFFICE OF MOTHER

Aurora St

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

17

(Years)

(18) BIRTHPLACE

Aurora County

(19) OCCUPATION

Farmer

(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 \_\_\_\_\_ at \_\_\_\_\_ M., on the date above stated. (Born alive, or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

J. H. Wilson

(24) State whether Physician or Midwife

Midwife

Given name added from a supplemental report

(26) Witness

J. H. Wilson

(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.

McGraw, of Columbia

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

SEE IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE