

(1) PLACE OF BIRTH

County of .....

Township of .....

OF

or

City of .....  
is birth occurs in a hospital of

# CERTIFICATE OF BIRTH

**STATE OF SOUTH CAROLINA**

Bureau of Vital Statistics

**State Board of Health**

Registration District No. 2007 Registered No. 46.....  
(For use of Local Registrar)

**File No.—For State Registrar Only**

18610

(No. .... St.; ..... Ward)  
 (Indicate, give name of same instead of street and number.)

2. Full Name of Child Emma 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

To be answered only in event of Twins or Triplets

5) Number in order of birth *001*

(5) Are Parents Married? *Yes*

7) DATE OF *June 11*  
BIRTH ..... 19 *22*  
(Name of Month) (Day) (Year)

# FATHER.

8. FULL NAME Yvonne Robinson

9 PRESENT POSTOFFICE OF FATHER Crawson. N. C.

13 COLOR OR RACE *7* (11) AGE AT LAST BIRTHDAY *36*  
(Years)

12 BIRTHPLACE \_\_\_\_\_

13 OCCUPATION

During

25 Number of children born to mother, including present birth

## MOTHER.

(14) NAME BEFORE MARRIAGE Birtha Robinson

(15) PRESENT POSTOFFICE OF MOTHER Clausen. F.G.

(16) COLOR ed OR RACE

(17) AGE AT LAST BIRTHDAY 28 (Years)

(18) BIRTHPLACE *Flavescens*

(19) OCCUPATION

Farming 11

(21) Number of children of this mother  
now living, including present birth

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was born alive at 11:45 P.M.,  
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Mary E. McNamee  
(24) State whether Physician or Midwife  
(25) Address of Physician or Midwife

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Mar 1844 N. E.

Given name added from a supplemental report

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

(27) Filed Jan 30 1922 (28) Jan 6 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.