

Form No. 1

(1) PLACE OF BIRTH

County of AndersonTownship of Savannahor
Inc. Town of.....or
City of.....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

28851

Registration District No. 311 Registered No. 59
(For use of Local Registrar)(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
City of..... St.; Ward)(2) Full Name of Child Easter 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? yes (7) DATE OF BIRTH Sept 10 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Fred Robinson(9) PRESENT POSTOFFICE OF FATHER Anderson S.C.(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 36
(Years)(12) BIRTHPLACE Anderson S.C.(13) OCCUPATION farmer(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Mollie Robinson(15) PRESENT POSTOFFICE OF MOTHER Anderson S.C.(16) COLOR OR RACE col. (17) AGE AT LAST BIRTHDAY 27
(Years)(18) BIRTHPLACE Anderson S.C.(19) OCCUPATION farmer(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Hannie Reed at 4 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Hannie Reed (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Anderson S.C.

Given name added from a supplemental report

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

(27) Filed Oct 9 22 (28) S. A. Todd 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.

N. B.—In case of twins or triplets use a separate card for each child, and mark the first-born, No. 1, the other, No. 2, etc., in question 5.
RECEIVED BY THE REGISTRAR
WHILE PLACING, WITH UNFOLDING INSTRUCTIONS, IN THE BUREAU OF VITAL STATISTICS, AND MARK THE FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.
RECEIVED BY THE REGISTRAR