

N. E.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the PLACENT, WITH ENFADING INK—THIS IS A PERMANENT RECORD.  
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
 MCGAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH  
 County of Greenville  
 Township of Greenville  
 or  
 Inc. Town of .....  
 or  
 City of Union Beach (No. .... St.; ..... Ward)  
 (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  
**22377**

Registration District No. 2709A Registered No. 237  
 (For use of Local Registrar)

(2) Full Name of Child ..... If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 6, 22</u> (Name of Month) (Day) (Year)
<b>FATHER.</b> (8) FULL NAME <u>Marven Estew Robinson</u> (9) PRESENT POSTOFFICE OF FATHER <u>Rt 3 Union Beach Greenville</u> (10) COLOR OR RACE <u>White</u> (11) AGE AT LAST BIRTHDAY <u>33</u> (12) BIRTHPLACE <u>Greenville SC</u> (13) OCCUPATION <u>Textile Worker</u> (20) Number of children born to mother, including present birth <u>6</u>			<b>MOTHER.</b> (14) NAME BEFORE MARRIAGE <u>Edlee Foster</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Same</u> (16) COLOR OR RACE <u>White</u> (17) AGE AT LAST BIRTHDAY <u>30</u> (18) BIRTHPLACE <u>Greenville SC</u> (19) OCCUPATION <u>Domestic</u> (21) Number of children of this mother now living, including present birth <u>5</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***  
 (22) I hereby certify that I attended the birth of this child, who was female at 5 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
 (23) (Signature) Ches Benson  
 (24) State whether Physician or Midwife | (25) Address of Physician or Midwife  
MD | P. O. No. 5 GREENVILLE, S. C.  
 Given name added from a supplemental report .....  
 (26) (Signature of Witness necessary only when question 23 is signed by mark) .....  
 (27) Filed Aug 9, 22 19... (28) A. W. Mackey 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.

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