

Form No. 1

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

3787

County of FlorenceTownship of Northor
In. Town of Florenceor
City of FlorenceRegistration District No. 20-ARegistered No. 56
(For use of Local Registrar)(No. 117 Sect. 9 Chap. 1 Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child R. P. A. Robinson If child is not yet named, make supplemental report as directed3 SEX Girl 4 one 5 4 6 yes 7 3 8 23
To be answered only in case of Twins or Triplets
BIRTH (Name of Month) (Day) (Year)

FATHER.

(9) FULL NAME W. H. Robinson(10) PRESENT POSTOFFICE OF FATHER Florence, S.C.(11) COLOR OR RACE colored (12) AGE AT LAST BIRTHDAY 29(13) BIRTHPLACE Florence, S.C.(14) OCCUPATION Farmer(15) Number of children born to mother, including present birth 4

MOTHER.

(16) NAME BEFORE MARRIAGE Louise Robinson(17) PRESENT POSTOFFICE OF MOTHER Florence(18) COLOR OR RACE colored (19) AGE AT LAST BIRTHDAY 26(20) BIRTHPLACE Florence, S.C.(21) OCCUPATION House Work(22) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was born at Florence M., on the date above stated. (Born at Florence Hour A. M. or P. M.)(24) (Signature) W. H. Robinson (25) Address of Physician or Midwife W. H. Robinson

Given name added from a supplemental report

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

(27) Filed 22 P. H. Robinson Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.