

Form No. 1

(1) PLACE OF BIRTH

County of Calhoun
Township of Warren
or
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
17320

Registration District No. 1414... Registered No. 41...
(For use of Local Registrar)

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

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

(3) SEX OF CHILD Male (4) Twin or Triplet No (5) Number in order of birth 3 (6) Are Parents Married Yes (7) DATE OF BIRTH Jan 28
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Reuben Robinson
(9) PRESENT POSTOFFICE OF FATHER Sumner
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 23
(12) BIRTHPLACE Sumner
(13) OCCUPATION Farming

MOTHER.
(14) NAME BEFORE MARRIAGE Mary Ann
(15) PRESENT POSTOFFICE OF MOTHER Sumner
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 20
(18) BIRTHPLACE Sumner
(19) OCCUPATION Farming

(20) Number of children born to mother, including present birth 3 (21) Number of children of father now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 2 P. M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Hager
(24) State whether Physician or Midwife Physician

Given name added from a supplemental report

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

(27) Filed July 5 1923 (28) A. Mathis Kinsey 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.