

## (1) PLACE OF BIRTH

County of ChathamTownship of Wright

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 20

File No.—For State Registrar Only

12607

Registered No. ....  
(For use of Local Registrar)(No. .... St. .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Janita A. 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 1st (6) Age at birth yo (7) DATE OF BIRTH Aug 19 1923  
(Name of Month) (Day) (Year)

## FATHER

(8) FULL NAME Samuel Robinson(9) PRESENT POSTOFFICE OF FATHER Chatham Co. S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32  
(Year)(12) BIRTHPLACE Chatham Co. S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 10

## MOTHER

(14) NAME BEFORE MARRIAGE Carrie Smith(15) PRESENT POSTOFFICE OF MOTHER Chatham Co. S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30  
(Year)(18) BIRTHPLACE Chatham Co. S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 10

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ..... at 10 A.M.,  
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Samuel Robinson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

(Given name added from a supplemental report)

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)19 .....  
Registrar(27) Filed ..... 19 ..... (28) .....  
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.\*When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
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