

(1) PLACE OF BIRTH

County of Beaufort S.C.
 Township of Beaufort S.C.
 or
 Inc. Town of Beaufort S.C.
 or
 City of Beaufort S.C.
 (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

323

Registration District No. 62 Registered No. 1
 (For use of Local Registrar)

(2) Full Name of Child Frank Robinson (No. 62 St. 1 Ward 1)
 (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 12 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER
 (8) FULL NAME Frank Robinson
 (9) PRESENT POSTOFFICE OF FATHER Beaufort S.C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 34 (Years)
 (12) BIRTHPLACE Jimmess S.C.
 (13) OCCUPATION Carpenter
 (20) Number of children born to mother, including present birth 4

MOTHER
 (14) NAME BEFORE MARRIAGE Mattie Ket
 (15) PRESENT POSTOFFICE OF MOTHER Beaufort S.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 27 (Years)
 (18) BIRTHPLACE Gulisonville S.C.
 (19) OCCUPATION House Wife
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 3:20 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Caecilia Brown Wilson (25) Address of Physician or Midwife Rich W. W.

(24) State whether Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Jan 13 1922 (28) W. S. Vance 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—this is a PERMANENT RECORD.
 N. B.—In case of TWINS, give the name of each child, and mark the first-born. No. 1. THIS OTHER, No. 2, etc., in question 5.