

Form No. 1

(1) PLACE OF BIRTH

County of YorkTownship of Eastmanor
City of Yorkor
City of York

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 16.—For State Registrar Only
3049Registration District No. 708Registered No. 16
(For use of Local Registrar)(No. 16 Ward)

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

(2) Full Name of Child Willie Robinson

If child is not yet named, make supplemental report as directed

(a) SEX OR CHILD	(b) Type or of Birth	(c) Number in order of birth	(d) Age of Mother	(e) DATE OF BIRTH
boy	By Instrument to one of Twin or Triple	1	no	Feb 2, 1923

FATHER		MOTHER	
(1) FULL NAME	<u>Frank Robinson</u>	(1) NAME BEFORE MARRIAGE	<u>Josephine Hester</u>
(2) PRESENT POSTOFFICE OF FATHER	<u>York, S.C.</u>	(2) PRESENT POSTOFFICE OF MOTHER	<u>York, S.C.</u>
(3) COLOR OR RACE	<u>negro</u>	(3) COLOR OR RACE	<u>negro</u>
(4) BIRTHPLACE	<u>York, S.C.</u>	(4) BIRTHPLACE	<u>York, S.C.</u>
(5) OCCUPATION	<u>laborer</u>	(5) OCCUPATION	<u>laborer</u>
(6) Number of children born to father, including present child	<u>1</u>	(6) Number of children of this mother now living, including present child	<u>1</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(3) I hereby certify that I attended the birth of this child, who was born on the date above stated.(4) (Signature) James Hester
(5) State whether Physician or Midwife Midwife

Have name added from supplemental report

(6) Witness James Hester
(7) State whether Physician or Midwife Midwife

(8) When there was a supplemental report, if a child was born, state date of birth