

(1) PLACE OF BIRTH

County of Anderson
 Township of Sumner
 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

12903

Registration District No. 315 Registered No. 27
 (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 Nathan Robinson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 23, 23
 (Name of Month) (Day) (Year)

FATHER. MOTHER.

(8) FULL NAME Louis Robinson (14) NAME BEFORE MARRIAGE Virgie Williams

(9) PRESENT POSTOFFICE OF FATHER Pendleton S.C. R. #1 (15) PRESENT POSTOFFICE OF MOTHER Pendleton S.C. R. #1

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 21 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 17

(12) BIRTHPLACE I.C. (18) BIRTHPLACE Anderson Co. S.C.

(13) OCCUPATION Farm Laborer (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 2 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Maudie Pichey (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Pendleton S.C. R. #1

Given name added from a supplemental report

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

(27) Filed June 10, 23 (28) H. C. Casey 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.