

(1) PLACE OF BIRTH

County of Marion
 Township of Powell
 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

43662

Registration District No. 3204 Registered No. 47
 (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 Francis Robinson (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? No (7) DATE OF BIRTH Dec 12, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Tucker Davis
 (9) PRESENT POSTOFFICE OF FATHER Gresham X.C.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 42 (Years)
 (12) BIRTHPLACE Marion Co. X.C.
 (13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Carolina Robinson
 (15) PRESENT POSTOFFICE OF MOTHER Gresham X.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 23 (Years)
 (18) BIRTHPLACE Marion Co. X.C.
 (19) OCCUPATION Farmer Laborer

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 9 P.M. on the date above stated. (born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Ellen Robinson
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Gresham X.C.

Given name added from a supplemental report

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

(27) Filed Jan 8, 1923 (28) J. M. Beaman 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.