

Form No. 1

## (1) PLACE OF BIRTH

County of SpartanTownship of Providence

Inc. Town of .....

(City of .....

(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 HealthRegistration District No. 41.05

File No.—For State Registrar Only

8670

Registered No. 16  
(For use of Local Registrar)

(No. .... St. .... Ward)

(2) Full Name of Child Ezra Paul Robinson

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb. 28, 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Richard Robinson</u>			(14) NAME BEFORE MARRIAGE <u>Eunice Taylor</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Durham</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Durham</u>	
(10) COLOR OR RACE <u>Cauc</u>			(16) COLOR OR RACE <u>Cauc</u>	
(11) AGE AT LAST BIRTHDAY <u>34</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>33</u> (Years)	
(12) BIRTHPLACE <u>Ill.</u>			(18) BIRTHPLACE <u>Ill.</u>	
(13) OCCUPATION <u>Teacher</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>17</u>			(21) Number of children of this mother now living, including present birth <u>16</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive 28 2 23 M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) E. Paul Robinson

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife  
Durham

(Given name added from a supplemental report)

(26) Witness Mrs. E. Paul Robinson  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed March 8, 1923 (28) B. R. Ruffield  
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.