

(1) PLACE OF BIRTH

County of CharlestonTownship of Charlestonor CharlestonCity of Charleston

(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

3362

205

Registration District No. 9A

Registered No.

(For use of Local Registrar)

(No. 24 Shepard St.; Ward)(2) Full Name of Child Virginia Elizabeth Robinson

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

1. CHILD
GIRL(4) Twin
or Triplet? ☒(5) Number in
order of birth ☒(6) Are
Parents
Married? ☒

(7) DATE OF

BIRTH June 28, 1922
(Name of Month) (Day) (Year)

FATHER.

2. FULL
NAME Henry Robinson3. PRESENT
POSTOFFICE
OF FATHER Chas S.C.(10) COLOR
OR
RACE white(11) AGE AT LAST
BIRTHDAY 30
(Years)12. BIRTHPLACE Waco S.C.13. OCCUPATION in employe20. Number of children born to
mother, including present birth two

MOTHER.

(14) NAME BEFORE
MARRIAGE Rosa V Howard(15) PRESENT
POSTOFFICE
OF MOTHER Chas S.C.(16) COLOR
OR
RACE white(17) AGE AT LAST
BIRTHDAY 28
(Years)(18) BIRTHPLACE Dorchester S.C.(19) OCCUPATION House wife(21) Number of children of this mother
now living, including present birth two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician Chas S.C.Given name added from a supplement-
al report(26) Witness
(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed 2/1/7-22 J. M. M. 22
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.Given name added from
supplemental report

(Date of)

Address

Filed

9/28 1920E. M. M. 22

Local Registrar.

Registrar.