

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use SEPARATE BLANKS FOR EACH CHILD, and make the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MECHANICAL COLUMBIA, B. C.

(1) PLACE OF BIRTH

County of Charleston
Township of Old Swan
or
Inc. Town of.....
or
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 Health

File No.—For State Registrar Only

3714

Registration District No. 1206

Registered No. 23
(For use of Local Registrar)

(2) Full Name of Child

Mary Robinson

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

(3) BOY OR GIRL

Girl

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married

(7) DATE OF

BIRTH Feb 23 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

John Robinson

(9) PRESENT POSTOFFICE OF FATHER

Pageland S.C.

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

29
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Laborer

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

3

MOTHER.

(14) NAME BEFORE MARRIAGE

Father Adams

(15) PRESENT POSTOFFICE OF MOTHER

Pageland S.C.

(16) COLOR OR RACE

Col.

(17) AGE AT LAST BIRTHDAY

23
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Louise at 3:30 a.m. on the date above stated. (Born alive or stillborn) (Hour, M., or P. M.)

(23) (Signature)

John B. Cotton

(24) State whether

Physician or Midwife

(25) Address of Physician or Midwife

Pageland S.C.

Given name added from a supplemental report

(26) Witness

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

..... 19

Registrar

(27) Filed

2/25/22

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.

Registrar

Registrar

Registrar