

NAME PRINTED IN BOLD LETTERS IS REQUIRED FOR EACH CHILD, and mark the appropriate box for each child, No. 2, etc., in question 5.

(1) PLACE OF BIRTH
County of Spartanburg
Township of Fruit Mill
or
Inc. Town of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No. — For State Registrar Only
87929

Registration District Not 486 Registered No. 94
(For use of Local Registrar)

City of (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 Jannette Robinson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? One (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Nov 5th 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER:
(8) FULL NAME L. H. Robinson
(9) PRESENT POSTOFFICE OF FATHER Fruit Mill, S.C.
(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 52
(12) BIRTHPLACE Union Co. N.C.
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 10

MOTHER:
(14) NAME BEFORE MARRIAGE Julia Asburn
(15) PRESENT POSTOFFICE OF MOTHER Fruit Mill S.C.
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 42
(18) BIRTHPLACE Spartanburg Co. S.C.
(19) OCCUPATION House wife
(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:

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

(23) (Signature) E. H. Haul M.D.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Greenville, N.C.

Given name added from a supplemental report
May 15 1917
C. L. Parker
19
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 12-2-1916 (28) C. L. Parker 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.