

Form No. 1

(1) PLACE OF BIRTH

County of GreenvilleTownship of Buffaloor
Inc. Town ofor
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 Patricia Margaret

File No.—For State Registrar Only

19089

Registration District No. 2700Registered No. 79
(For use of Local Registrar)(3) BOY OR
GIRL?(4) Twin
or Triplet?(5) Number in
order of Birth(6) Are
Parents
Married? Yes

(7) DATE OF

BIRTH June 6 1908
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME James M. Robinson(9) PRESENT
POSTOFFICE
OF FATHER Greenville(10) COLOR
OR
RACE Colored(11) AGE AT LAST
BIRTHDAY 40
(Years)(12) BIRTHPLACE Greenville(13) OCCUPATION Carpenter(20) Number of children born to
mother, including present birth 11

MOTHER.

(14) NAME BEFORE
MARRIAGE Miss Robinson(15) PRESENT
POSTOFFICE
OF MOTHER Greenville(16) COLOR
OR
RACE Colored(17) AGE AT LAST
BIRTHDAY 37
(Years)(18) BIRTHPLACE Greenville(19) OCCUPATION Housewife(21) Number of children of this mother
now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemen-
tal report(26) Witness James M. Robinson(Signature of witness necessary only
when question 23 is signed by mother)(27) Filed 1022 1908

(28) 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.

IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MOGAN OF COLUMBIA, COLUMBIA, S. C.