

(1) PLACE OF BIRTH

County of Greenville, S.C.
 Township of North, S.C.
 or
 Inc. Town of
 or
 City of Greenville, S.C. (No. St. Ward)
 (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

No. 4114
 4114

Registration District No. 432 Registered No. 14
 (For use of Local Registrar)

(2) Full Name of Child

James Robert child is not yet named, make supplemental report as directed

(1) BOY OR GIRL <u>Boy</u>	(2) Twin or Triplet To be answered only in event of Twin or Triplet	(3) Number in order of birth	(4) Are Parents Married <u>Yes</u>	(5) DATE OF BIRTH <u>Feb. 11, 1920</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(6) FULL NAME <u>James Robinson</u>			(14) NAME BEFORE MARRIAGE <u>Cassie Hearn</u>	
(7) PRESENT POSTOFFICE OF FATHER <u>Greenville</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville</u>	
(8) COLOR OR RACE <u>Black</u>	(9) AGE AT LAST BIRTHDAY <u>21</u> (Years)	(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>19</u> (Years)	
(10) BIRTHPLACE <u>Greenville</u>			(18) BIRTHPLACE <u>Greenville, S.C.</u>	
(11) OCCUPATION <u>Waiter at Hotel</u>			(19) OCCUPATION <u>Seamstress</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 5:30 P.M., on the date above stated. (Born alive or stillborn. Hour M. or P.M.)

(23) (Signature) William T. Brown
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
222 North 1st St.

Given name added from a supplemental report

(26) Witness William T. Brown
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Feb 19 1920 (28) W. T. Brown 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.

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