

(1) PLACE OF BIRTH

County of *Sumter*Township of *Mayesville*or
Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

Marilyn Robinson(3) Sex of
Child
Boy(4) Twin
or Triplet
To be answered only in event of Twin or Triplet(5) Number in
order of birth(6) Are
Parents
Married
Yes(7) DATE OF
BIRTH *Mar 8 1930*
(Name of Month) (Day) (Year)(8) FULL
NAME
Robinson(9) PRESENT
POSTOFFICE
OF FATHER *Mayesville SC*(10) COLOR
OR
RACE *Col*(11) AGE AT LAST
BIRTHDAY *46*
(Year)(12) BIRTHPLACE
SC(13) OCCUPATION
Farmer(14) Number of children born to
mother, including present birth *17*(14) NAME BEFORE
MARRIAGE *Eva Robinson*(15) PRESENT
POSTOFFICE
OF MOTHER *Mayesville SC*(16) COLOR
OR
RACE *Col*(17) AGE AT LAST
BIRTHDAY *35*
(Year)(18) BIRTHPLACE
SC(19) OCCUPATION
Housewife(20) Number of children of this mother
now living, including present birth *17*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
tal report(26) Witness (Signature of Witness necessary only
when question 23 is signed by mark)(27) Signed *Mar 25 1930* (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.File No.—For State Registrar Only
19309Registration District No. *4102* Registered No. *38*
(For use of Local Registrar)

S. A. F. E. T. Y. A. L. M.