

## (1) PLACE OF BIRTH

County of *York*Township of *York*

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

75289

Registration District No. *4408* Registered No. *104*

(For use of Local Registrar)

(2) Full Name of Child *Walter Robinson Jr.* { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <i>Boy</i>	(4) Twin or Triplet? <i>No</i> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <i>6</i>	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Aug 15 1916</i> <small>(Name of Month) (Day) (Year)</small>
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## FATHER.

(8) FULL NAME *Walter Robinson*(9) PRESENT POSTOFFICE OF FATHER *York, S.C. - R7D*(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *39* (Years)(12) BIRTHPLACE *York County - S.C.*(13) OCCUPATION *Farmer*(20) Number of children born to mother, including present birth *Six*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Mary Brant*(15) PRESENT POSTOFFICE OF MOTHER *York, S.C. - R7D*(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *37* (Years)(18) BIRTHPLACE *York, S.C.*(19) OCCUPATION *Wife of Farmer*(21) Number of children of this mother now living, including present birth *Six*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *11* *A.M.* on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) *Wm. J. Glavin, M.D.*(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Physician York, S.C.*

Given name added from a supplemental report

....., 191.....

..... Registrar

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

(27) Filed *Aug 16 1916* (28) *Jas. 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.