

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—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.

McCaw, of Columbia.

(1) PLACE OF BIRTH

County of *York*
Township of *York*
or
Inc. Town of
or
City of

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)

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

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

(3) BOY OR GIRL? *Boy* (4) Twin or Triplet? (5) Number in order of birth *6* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Aug 15 1916*
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME *Walter Robinson*

(14) NAME BEFORE MARRIAGE *Mary Brant*

(9) PRESENT POSTOFFICE OF FATHER *York S.C. - R7D*

(15) PRESENT POSTOFFICE OF MOTHER *York S.C. - R7D*

(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *39* (Years)

(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *37* (Years)

(12) BIRTHPLACE *York County - S.C.*

(18) BIRTHPLACE *York S.C.*

(13) OCCUPATION *Farmer*

(19) OCCUPATION *Wife of Farmer*

(20) Number of children born to mother, including present birth *Six*

(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) *Walter J. Glenn, 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

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

(27) Filed *Aug 14 1916* (28) *Jas. L. Patten* 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.