

(1) PLACE OF BIRTH

County of Greenville
 Township of Paris Mt.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

42803

Inc. Town of Registration District No. 22.14 Registered No. 60
 (For use of Local Registrar)
 or St.; Ward)
 City of (No. instead of street and number.)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL? girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 26, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Carl Robinson
 (9) PRESENT POSTOFFICE OF FATHER Greenville R.I.
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 35 (Years)
 (12) BIRTHPLACE Seneca
 (13) OCCUPATION Bricklayer
 (14) Number of children born to mother, including present birth { 7

MOTHER.

(14) NAME BEFORE MARRIAGE Ellie N. Robinson
 (15) PRESENT POSTOFFICE OF MOTHER Travellers Rest R.I.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 31 (Years)
 (18) BIRTHPLACE Seneca
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth { 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 2.10 A.M. (Born alive or stillborn) (Hour A. M. or P. M.)
 on the date above stated.

(23) (Signature) S. J. Goodlett M.D.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Travellers Rest 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 Jan. 10, 1923 (28) John A. Hester 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. 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.