

Form No. 1

11/3/24

11/14/24

316124

(1) PLACE OF BIRTH

County of York

Township of York

or
Inc. Town of York

or
City of York

(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

36464

Registration District No. 2700 Registered No. 100
(For use of Local Registrar)

(2) Full Name of Child

James L. Robinson

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Yes or Triple (5) Number in order of birth 7 (6) Are Parents Married Yes (7) DATE OF BIRTH Nov 10 23
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James L. Robinson

(9) PRESENT POSTOFFICE OF FATHER York, S.C.

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

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE James L. Robinson

(15) PRESENT POSTOFFICE OF MOTHER York, S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26
(Year)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 7 P.M.
on the date above stated. (Delivered or stillborn) (Hour A.M. or P.M.)

(23) (Signature) Wm. L. Robinson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness Wm. L. Robinson
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Nov 10 23 (28) Wm. L. Robinson
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.