Form No. 3

(1) PLACE OF BIRTH

County of Florence

Township of —

or

Inc. Town of —

or

City of Florence

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
20911

Registration District No. 20-A Registered No. 216
(For use of Local Registrar)

(No. 10 Mary Bowe St. — Ward)

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

(2) Full Name of Child Allie 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 July 23 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER		MOTHER	
(8) FULL NAME	Lewis Robinson	(14) NAME BEFORE MARRIAGE	Lisa Stellen
(9) PRESENT POSTOFFICE OF FATHER	Florence	(15) PRESENT POSTOFFICE OF MOTHER	Florence
(10) COLOR OR RACE	Colored	(16) COLOR OR RACE	Colored
(11) AGE AT LAST BIRTHDAY	35 (Years)	(17) AGE AT LAST BIRTHDAY	38 (Years)
(12) BIRTHPLACE	Florence	(18) BIRTHPLACE	Georgia north
(13) OCCUPATION	Rail Road	(19) OCCUPATION	House work
(20) Number of children born to mother, including present birth	12	(21) Number of children of this mother now living, including present birth	5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was July 25 10 at 7P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mildred Cincheart

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife 609 Bronson St

Given name added from a supplemental report

..... 19 ....
Registrar

(26) Witness Daisy Monfeith
(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed July 23 1923 (28) P. H. Brigham
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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.
Office of Columbia, Columbia, S. C.