

(1) PLACE OF BIRTH

County of York
 Township of York
 Inc. Town of

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

34209

Registration District No. 405Registered No. 117
(For use of Local Registrar)

City of (No. 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 John Barron Robinson If child is not yet named, make name of child as desired

(1) SEX OR CHILD Boy (2) Age or Year 2 1/2 (3) Number of Child of Mother 3 (4) Date of Birth 9/1/23

FATHER.

(1) NAME Thomas Robinson(2) RESIDENCE York, S. C.(3) COLOR White (4) AGE AT LAST BIRTH 33(5) BIRTHPLACE York, S. C.(6) OCCUPATION Farming(7) Number of children born to mother, including present one 3

MOTHER.

(1) NAME Jessie Howell(2) RESIDENCE York, S. C.(3) COLOR White (4) AGE AT LAST BIRTH 28(5) BIRTHPLACE York Co.(6) OCCUPATION Housewife(7) Number of children of this mother, including present one 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was alive on the date above stated. (Born alive or stillborn) (How A. M. or P. M.)(21) (Signature) John Barron (22) Address of Physician or Midwife York, S. C.

Given name added from a supplementary report

(23) Witness (Signature of witness necessary only when question 21 is signed by mark)

(24) Date Oct 12 1923 (25) 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.

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