

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.

(1) PLACE OF BIRTH

County of Richmond  
Township of Richmond  
or  
Inc. Town of Richmond  
or  
City of Richmond

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only  
**41166**

Registration District No. 802 Registered No. 148  
(For use of Local Registrar)

(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 William Robinson (If child is not yet named, make supplemental report as directed)

3. SEX OR GIRL?        4. Twin or Triplet?        5. Number in order of birth        6. Are Parents Married? yes 7. DATE OF BIRTH Dec 27 22  
(Name of Month) (Day) (Year)

FATHER.

8. FULL NAME William Robinson  
9. PRESENT POSTOFFICE OF FATHER Richmond SC  
10. COLOR OR RACE colored 11. AGE AT LAST BIRTHDAY 31 (Years)  
12. BIRTHPLACE Richmond SC  
13. OCCUPATION Printer  
20. Number of children born to mother, including present birth 1

MOTHER.

14. NAME BEFORE MARRIAGE Emma Robinson  
15. PRESENT POSTOFFICE OF MOTHER Richmond SC  
16. COLOR OR RACE colored 17. AGE AT LAST BIRTHDAY 21 (Years)  
18. BIRTHPLACE Richmond SC  
19. OCCUPATION Domestic  
21. Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. J. L. G. G. G. (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Richmond S.C.

Given name added from a supplemental report        (26) Witness Mrs. J. L. G. G. (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Dec 29 1922 (28) W. J. Keller 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.

A. C. Smith