

Form No. 3

(1) PLACE OF BIRTH

County of Florence S.C.
 Township of Florence
 or Florence
 Inc. Town of Florence
 or Florence S.C.
 City of Florence S.C.
 (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

42310

Registration District No. 20-ARegistered No. 382
(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? Twin (5) Number in order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 16, 1922
 (Name of Month) (Day) (Year)

FATHER
 (8) FULL NAME Dave Stevenson
 (9) PRESENT POSTOFFICE OF FATHER Florence S.C.
 (10) COLOR OR RACE Color (11) AGE AT LAST BIRTHDAY 45 (Years)
 (12) BIRTHPLACE Florence County
 (13) OCCUPATION Rail Road
 (20) Number of children born to mother, including present birth (Eight) (8)

MOTHER
 (14) NAME BEFORE MARRIAGE Lillie Roberson
 (15) PRESENT POSTOFFICE OF MOTHER Florence S.C.
 (16) COLOR OR RACE Color (17) AGE AT LAST BIRTHDAY 37 (Years)
 (18) BIRTHPLACE Florence S.C.
 (19) OCCUPATION Domestic
 (21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 11 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. H. Wright

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 12-18, 1922 (28) P. A. Bushaw 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.

RECEIVED BY THE REGISTRAR, COLUMBIA, S. C. FIRST BORN, NO. 1. THE OTHER, NO. 2, etc., in question 5.