

(1) PLACE OF BIRTH

County of GeorgetownTownship of #2

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 3917 - for State Registrar Only

3917

Registration District No. 21.01. Registered No. 3
(For use of Local Registrar)

(No. St. Ward)

(2) Full Name of Child Emmanuel Johnathan
(If birth occurs in a hospital or other institution, give name of same (instead of street and number.)
If child is not yet named, make supplemental report as directed(3) SEX Male (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age yes (7) DATE OF BIRTH Feb 15 1923
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Rutherford Robbins</u>	(14) NAME BEFORE MARRIAGE <u>Camilla Napoleon</u>	(10) PRESENT POSTOFFICE OF FATHER <u>Georgetown S.C.H.</u>	(16) PRESENT POSTOFFICE OF MOTHER <u>Georgetown S.C.H.</u>
(12) COLOR OR RACE <u>B.</u>	(18) AGE AT LAST BIRTHDAY <u>38</u> (Years)	(12) COLOR OR RACE <u>B.</u>	(18) AGE AT LAST BIRTHDAY <u>3</u> (Years)
(16) BIRTHPLACE <u>Spartanburg, S.C.</u>	(20) OCCUPATION <u>Farming</u>	(14) BIRTHPLACE <u>Summerville, S.C.</u>	(20) OCCUPATION <u>Housework</u>
(22) Number of children born to mother, including present birth <u>3</u>	(24) Number of children of this mother now living, including present birth <u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(26) I hereby certify that I attended the birth of this child, who was born alive at 10 P. M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(28) (Signature) Maria Wilson (30) Address of Physician or Midwife Georgetown S.C.H.
(32) State whether Physician or Midwife Midwife

Given name added from a supplementary report

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

(36) Signed - 25 - 1923 (38) U. J. Tilton Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make the report if a child breathes even once. It must not be reported as stillborn. No report is required of stillbirth before the fifth month of pregnancy.