

Form No. 1

(1) PLACE OF BIRTH

County of ColletonTownship of Wadlin

or

Inc. Town of

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

14471

Registration District No. 1409 Registered No. 129
(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 Rebecca Mae Robison

If child is not yet named, make supplemental report as directed

3) BOY OR GIRL? <u>Girl</u>	4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	5) Number in order of birth	6) Are Parents Married? <u>Yes</u>	7) DATE OF BIRTH <u>May 12, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

8) FULL NAME Wm. Robison9) PRESENT POSTOFFICE OF FATHER Walterboro S.C.10) COLOR OR RACE Col. 11) AGE AT LAST BIRTHDAY 36
(Years)12) BIRTHPLACE Colleton Co.13) OCCUPATION Laborer20) Number of children born to mother, including present birth 3

MOTHER.

14) NAME BEFORE MARRIAGE Lonic Robison15) PRESENT POSTOFFICE OF MOTHER Walterboro S.C.16) COLOR OR RACE Col. 17) AGE AT LAST BIRTHDAY 29
(Years)18) BIRTHPLACE Colleton Co.19) OCCUPATION Domestic21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 8 P.M.,
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Miller Johnson(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Walterboro S.C.

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed June 10, 1922 (28) Wm. Robison
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.