CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only: 359

(1) PLACE OF BIRTH

County of Beaufort

Township of Sheldon

or

Inc. Town of .....

or

City of .....

Registration District No. 6 D.B. Registered No. 9 (For use of Local Registrar)

.....St.; .....Ward)

(No. .....)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Early Bee Robinson (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL: Girl

(4) Twin or Triplet? (To be answered only in event of Twins or Triplets)

(5) Number in order of birth: 2

(6) Are Parents Married? Yes

(7) DATE OF BIRTH: Jan 12, 1922 (Month) (Day) (Year)

FATHER

(8) FULL NAME: Fred Robinson

(9) PRESENT POSTOFFICE OF FATHER: Sheldon S.C.

(10) COLOR OR RACE: Negro

(11) AGE AT LAST BIRTHDAY: 20 (Years)

(12) BIRTHPLACE: Sheldon

(13) OCCUPATION: Farming

(20) Number of children born to mother, including present birth: 2

MOTHER

(14) NAME BEFORE MARRIAGE: Bertha Gibbs

(15) PRESENT POSTOFFICE OF MOTHER: Sheldon S.C.

(16) COLOR OR RACE: Negro

(17) AGE AT LAST BIRTHDAY: 20 (Years)

(18) BIRTHPLACE: Sheldon

(19) OCCUPATION: Housework

(21) Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Homelabie (Born alive or stillborn) at 1 P. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Sally Smart

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report .....

..... 19 ....

..... Registrar

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

(27) Filed ..... 19 .... (28) ..... 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.

N. B.—In case of TWINS OR TRIPLETS, write in SEPARATE BLANK FOR EACH CHILD, and mark the question 3.

WRITE PLAINLY, WITH UNFADING INK—PRESS IN A PRESS-COPY DIRECTOR.

PRINT-BOLDS, No. 1, THIS OFFICIAL, No. 2, etc., in question 3.

McCORD-COLUMBIA, S. C.