

(1) PLACE OF BIRTH

County of

Richland

Township of

or

Inc. Town of

or

City of

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

St.:

Ward

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

31920

Registration District No. 38

Registered No. 1710

(For use of Local Registrar)

(2) Full Name of Child

William Robinson

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

(3) BOY OR GIRL?

boy

(4) Twin or Triplet?

1

(5) Number in order of birth

1

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Sept. 15, 1902

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Mr. Wm. Johnson

(9) PRESENT POSTOFFICE OF FATHER

Columbia S.C.

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

36

(Years)

(12) BIRTHPLACE

Fairfax S.C.

(13) OCCUPATION

Labor

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

5

MOTHER.

(14) NAME BEFORE MARRIAGE

L. H. Carter

(15) PRESENT POSTOFFICE OF MOTHER

Columbia S.C.

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

36

(Years)

(18) BIRTHPLACE

Tricksville

(19) OCCUPATION

housework

(21) 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* at *415* *9* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Mary J. Henderson*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife 122 Henderson St.

Given name added from a supplemental report

(26) Witness

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

(27) Filed *9-24-1912* (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.

fifth month of pregnancy.

FORM NO. 1
 WITH PLAIN, WITH CERTIFICATE OF BIRTH
 FIRST-BORN, No. 1. THIS OTHER, No. 2, etc., in question 5.
 McGraw-Hill