

Form No. 1

## (1) PLACE OF BIRTH

County of Bt.  
 Township of S.T. Mading  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

No. for State Registrar Only

2981

Registration District No. 400 Registered No. 75  
 (For use of Local Registrar)

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

(2) Full Name of Child Jessie Robinson

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

3) BOY OR GIRL Girl 4) Twin or Triplet No 5) Number in order of birth 1 6) Are Parents Married Yes 7) DATE OF BIRTH Feb 20 22  
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME J. V. Robinson  
 9) PRESENT POSTOFFICE OF FATHER Frogmore S.C.  
 10) COLOR OR RACE B 11) AGE AT LAST BIRTHDAY 23 (Years)  
 12) BIRTHPLACE S.C.  
 13) OCCUPATION Farmer  
 14) Number of children born to mother, including present birth 2

## MOTHER.

14) NAME BEFORE MARRIAGE Sup Mack  
 15) PRESENT POSTOFFICE OF MOTHER Frogmore S.C.  
 16) COLOR OR RACE B 17) AGE AT LAST BIRTHDAY 25 (Years)  
 18) BIRTHPLACE S.C.  
 19) OCCUPATION House Girl  
 20) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Alive at 4 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) Edith Washington  
 (23) State whether Physician or Midwife (24) Address of Physician or Midwife

Given name added from a supplemental report

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

(26) Filed Feb 25 1925 (27) Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.