

(1) PLACE OF BIRTH

County of Charleston
Township of Duff
or
Inc. Town of

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

Registration District No. 1206

No. for State Registrar Only
17243

Registered No. 63
(For use of Local Registrar)

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

Sex of Child girl (1) Sex of Child (2) Date of Birth June 3, 1923
To be answered only in event of Twins or Triplets

FATHER
(3) Full Name Brooke Robinson
(4) Present Postoffice of Father Ragland S.C.
(5) Color or Race Black (6) Age at Last Birthday 70
(7) Birthplace Charleston
(8) Occupation Farming
(9) Number of children born to mother, including present birth 1

MOTHER
(10) Name before Marriage Leona Massey
(11) Present Postoffice of Mother Ragland S.C.
(12) Color or Race Black (13) Age at Last Birthday 16
(14) Birthplace Charleston
(15) Occupation Housekeeper
(16) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(17) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Hour A. M. or P. M.)

(18) (Signature) Laura ...
(19) State whether Physician or Midwife
(20) Address of Physician or Midwife ... S.C.

Given name added from a supplemental report
.....
19

(21) Witness
(Signature of Witness necessary only when question 23 is signed)
(22) Filed 7/1 1923 (23) W. H. ... 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.

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