

(1) PLACE OF BIRTH

County of Charleston
 Township of Dillon
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

No. for State Registrar Only

17243

Registration District No. 1206Registered No. 63
(For use of Local Registrar)

City of (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 Susie Robison If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Female (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH June 3, 1923
 To be answered only in event of Twin or Triplet (Specify Month) (Day) (Year)

FATHER.

(8) FULL NAME Brooke Robison(9) PRESENT POSTOFFICE OF FATHER Ragland S.C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 70 (Year)(12) BIRTHPLACE Charleston(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Leona Massey(15) PRESENT POSTOFFICE OF MOTHER Ragland S.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 16 (Year)(18) BIRTHPLACE Charleston(19) OCCUPATION House Keeper(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Susie Robison on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Leona Massey (24) State whether Physician or Midwife (25) Address of Physician or Midwife Charleston S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed "yes")

(27) Filed 7/1 1923 (28) W. H. Massey 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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