

(1) PLACE OF BIRTH

County of Barnwell
 Township of 4 mile
 or
 Inc. Town of
 or
 City of (No.)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—For State Registrar Only
302

Registration District No. 506 Registered No. 2
 (For use of Local Registrar)

St.: Ward)

(2) Full Name of Child

Lernius Robinson (If child is not yet named, make supplemental report as directed)

(3) SEX BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>1/16</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>Wesley Robinson</u>			(14) NAME BEFORE MARRIAGE <u>Frank Robinson</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Myers Mill</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Myers Mill</u>	
(10) COLOR OR RACE <u>Negro</u>			(16) COLOR OR RACE <u>Negro</u>	
(11) AGE AT LAST BIRTHDAY <u>48</u> (Year)			(17) AGE AT LAST BIRTHDAY <u>57</u> (Year)	
(12) BIRTHPLACE <u>Clinton DC</u>			(18) BIRTHPLACE <u>Dunktown</u>	
(13) OCCUPATION <u>Farming</u>			(19) OCCUPATION <u>Farming</u>	
(20) Number of children born to mother, including present birth			(21) Number of children of this mother now living, including present birth	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 2 A M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lernius Robinson
 (24) State whether Physician or Midwife Midwife Address of Physician or Midwife Clinton DC

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 25 is signed by mark) W. B. Blawie
 (27) Filed 1/16 (28) Local Registrar W. B. Blawie

*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.