

(1) PLACE OF BIRTH

County of YorkTownship of Betha

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.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

24303

Registration District No. 4400 Registered No. 27

(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? (5) Number in order of birth 4 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 22, 1912

(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Prof. Robinson(14) NAME BEFORE MARRIAGE Bessie Curran(9) PRESENT POSTOFFICE OF FATHER York S.C. R.R.#6(15) PRESENT POSTOFFICE OF MOTHER York S.C. R.R.#6(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 27 (Years)(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34 (Years)(12) BIRTHPLACE S.C.(18) BIRTHPLACE S.C.(13) OCCUPATION Farmer(19) OCCUPATION House wife(20) Number of children born to mother, including present birth 7(21) Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 11 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Thos. H. Sullivan(24) State whether Physician or Midwife (25) Address of Physician or Midwife Clark S.C. R.R.#2

Given name added from a supplemental report

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

(27) Filed July 12, 1912 (28) C. E. Ford 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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