

Form No. 1

(1) PLACE OF BIRTH

County of Clarendon
 Township of Concord
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

14360

Registration District No. 1302 Registered No. 44
 (For use of Local Registrar)

(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 Sina 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 May 15, 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER
 (8) FULL NAME Rose Helen
 (9) PRESENT POSTOFFICE OF FATHER Summerton SC
 (10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 22 (Years)
 (12) BIRTHPLACE Clarendon SC
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth one

MOTHER
 (14) NAME BEFORE MARRIAGE Alice Robinson
 (15) PRESENT POSTOFFICE OF MOTHER Summerton SC
 (16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 22 (Years)
 (18) BIRTHPLACE Clarendon SC
 (19) OCCUPATION House Wife
 (21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Mrs. M. M. M.
 (24) State South Carolina (25) Address of Physician or Midwife Summerton SC

Given name added from a supplemental report

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

(27) Filed May 31, 1922 (28) F. C. Richburg 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.

Form No. 1
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 6.
 BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.