

FORM NO. 3

**(1) PLACE OF BIRTH** **CERTIFICATE OF BIRTH**

County of Charleston STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 Township of Christ Church State Board of Health

File No.—For State Registrar Only  
**80626**

Inc. Town of ..... Registration District No. 901 Registered No. 38  
 or ..... (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:** Everlin Robinson 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: 38 (6) Are Parents Married? Yes (7) DATE OF BIRTH: Feb. 28, 1916  
(To be answered only in case of Twins or Triplets) (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME: Wm Robinson  
 (9) PRESENT POSTOFFICE OF FATHER: W Pleasant & Co  
 (10) COLOR OR RACE: Colored (11) AGE AT LAST BIRTHDAY: 38 (Years)  
 (12) BIRTHPLACE: Charleston Co  
 (13) OCCUPATION: Labourer  
 (20) Number of children born to mother, including present birth: 7

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE: Rebecca Middleton  
 (15) PRESENT POSTOFFICE OF MOTHER: W Pleasant & Co  
 (16) COLOR OR RACE: Colored (17) AGE AT LAST BIRTHDAY: 34 (Years)  
 (18) BIRTHPLACE: Charleston Co  
 (19) OCCUPATION: Domestic  
 (21) Number of children of this mother now living, including present birth: 4

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was alive at 7 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Hugh Robinson  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife W Pleasant & Co

Given name added from a supplemental report  
 .....  
 191.....  
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by/mark)  
 .....  
 (27) Filed Feb 28 1916 (28) A. L. Lunden Local Registrar

MARGIN RESERVED FOR BINDING.  
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. D.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.  
 McCraw, of Columbia

\*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.