

## (1) PLACE OF BIRTH

County of AndersonTownship of Barter

Inc. Town of .....

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

17283

Registration District No. 131 Registered No. 14  
(For use of Local Registrar)(2) Full Name of Child William Robinson

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

(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 28 1923  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Joe Robinson(9) PRESENT POSTOFFICE OF FATHER Jordan S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 48  
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Carpenter(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Rheta Hilton(15) PRESENT POSTOFFICE OF MOTHER Jordan S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 27  
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Housewife(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 Alive at 8 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Julia Cain(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Jordan S.C.

Given name added from a supplemental report

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

(27) Filed June 30 1923 (28) afwhite 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.