

1. PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

49634

County of Richmond

Township of Richmond

Inc. Town of Richmond

Registration District No. 2806

Registered No. 6

(For use of Local Registrar)

City of Richmond (No. 1 St.; 1 Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child E. C. 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 2nd

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Jan 22

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Charles Robinson

(9) PRESENT POSTOFFICE OF FATHER Richmond

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32 (Years)

(12) BIRTHPLACE Richmond

(13) OCCUPATION Teacher

(14) Number of children born to mother, including present birth 2nd

MOTHER.

(14) NAME BEFORE MARRIAGE Emma Robinson

(15) PRESENT POSTOFFICE OF MOTHER Richmond

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31 (Years)

(18) BIRTHPLACE Richmond

(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 born alive at Richmond on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. C. Robinson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Richmond

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. 10, 1916 (28) Ed. H. Hammond 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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Form No. 10.

MAKING REPRODUCTION OF THIS IS A PERMANENT RECORD. N. B.—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.