

Form No. 10. MAILED IN REVERSE END BEHINDING. WITH UNFADING INK.—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, THIS OTHER, No. 2, etc., in question 8.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Draughton</u>		STATE OF SOUTH CAROLINA		65868	
Township of <u>Widale</u>		Bureau of Vital Statistics		State Board of Health	
Inc. Town of		Registration District No. <u>3620</u>		Registered No. <u>54</u>	
City of		(No. St. Ward) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(For use of Local Registrar)	
2) Full Name of Child <u>Richard Robinson</u>				If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>5</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 7</u> <u>1916</u> (Name of Month) (Day) (Year)	
FATHER			MOTHER		
(8) FULL NAME <u>John Robinson</u>			(14) NAME BEFORE MARRIAGE <u>Eurena Robinson</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Bonham S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Bonham S.C.</u>		
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>37</u> (Years)	(16) COLOR OR RACE <u>Black</u>			
(12) BIRTHPLACE <u>Bonham S.C.</u>		(17) AGE AT LAST BIRTHDAY <u>36</u> (Years)			
(13) OCCUPATION <u>Farmer</u>			(18) BIRTHPLACE <u>Bonham S.C.</u>		
(19) OCCUPATION <u>General work</u>			(20) Number of children of this mother now living, including present birth <u>5</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>6 a</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>George C. Canley</u>					
(24) State whether Physician or Midwife: <u>midwife</u> (25) Address of Physician or Midwife: <u>Bonham S.C.</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
..... 191.....			(27) Filed <u>June 10</u> 191 <u>6</u> (28) <u>W. H. Dukes</u> Local Registrar		
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.