

(1) PLACE OF BIRTH

County of Polk
 Township of McWilliams
 or
 Inc. Town of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

3874

Registration District No. 2011 Registered No.
 (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 Mary Ella Robinson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet To be answered only in event of Twin or Triplet (5) Age at Birth Yr (6) DATE OF BIRTH Feb 11 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Alex Robinson(9) PRESENT POSTOFFICE OF FATHER Effingham(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 20 (Year)(12) BIRTHPLACE SC(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Ethel Johnson(15) PRESENT POSTOFFICE OF MOTHER Effingham(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 18 (Year)(18) BIRTHPLACE SC(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive 1923 M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) Corinna McEachers(23) State whether Physician or Midwife Mid(24) Address of Physician or Midwife Effingham

Given name added from a supplement-
 tal report

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

(26) Filed P. H. 15 1923 (27) W. H. Smith 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 stillborns before the fifth month of pregnancy.