

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 M. 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.

Bureau of Columbia, Columbia, S. C.

**By Court Order dt. 4-12-22 *Earline Edmondson*

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health **9 A**

County of *Charleston*
 Township of *Charleston*
 Inc. Town of *Charleston*
 City of *Charleston*
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. *20 Beaufort ct.* Registered No. *131*
 (For use of Local Registrar)

(2) Full Name of Child *Emma Robinson* (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL *G* (4) Twin or Triplet? *X* (5) Number in order of birth *X* (6) Are Parents Married? *yes* (7) DATE OF BIRTH *Jan. 28, 1922*
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <i>Edw. Hohmer</i>	(14) NAME BEFORE MARRIAGE <i>Anna Nelson</i>	(15) PRESENT POSTOFFICE OF FATHER <i>20 Beaufort ct.</i>	(16) PRESENT POSTOFFICE OF MOTHER <i>20 Beaufort ct.</i>
(10) COLOR OR RACE <i>C</i>	(11) AGE AT LAST BIRTHDAY <i>30</i> (Years)	(18) COLOR OR RACE <i>C</i>	(17) AGE AT LAST BIRTHDAY <i>22</i> (Years)
(12) BIRTHPLACE <i>Charleston</i>	(13) OCCUPATION <i>Labourer</i>	(18) BIRTHPLACE <i>Charleston</i>	(19) OCCUPATION <i>Domestic</i>
(20) Number of children born to mother, including present birth <i>1</i>	(21) Number of children of this mother now living, including present birth <i>1</i>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *9 P.* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Martha Robinson*
 (24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *52 Calhoun*

Given name added from a supplemental report *CO #14, 719*
Filed 4-21, 1922
 Registrar

(26) Witness *J. Messitt Green, Jr.*
 (Signature of Witness or Registrar when question 23 is signed by mark)

(27) Filed *2-1* 19*22* (28) 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.