

Form No. 1

## (1) PLACE OF BIRTH

County of Lancaster  
 Township of #4  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

10041

Registration District No. 3803 Registered No. 31  
 (For use of Local Registrar)

(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 J. Robinson If child is not yet named, make supplemental report as directed

3. BOY OR GIRL ..... 4. Twin or Triplet? ..... 5. Number in order of birth 1 6. Are Parents Married? Yes 7. DATE OF BIRTH June 8, 1923  
 To be answered only in event of Twin or Triplet (Month) (Day) (Year)

## FATHER.

8. FULL NAME ate Robinson  
 9. PRESENT POSTOFFICE OF FATHER Saluda S.C.  
 10. COLOR OR RACE W 11. AGE AT LAST BIRTHDAY 32  
 12. BIRTHPLACE Saluda Co  
 13. OCCUPATION mining  
 14. Number of children born to mother, including present birth 1 1/2

## MOTHER.

14. NAME BEFORE MARRIAGE Bessie Long  
 15. PRESENT POSTOFFICE OF MOTHER Saluda S.C.  
 16. COLOR OR RACE W 17. AGE AT LAST BIRTHDAY 33  
 18. BIRTHPLACE Saluda Co  
 19. OCCUPATION Housewife  
 20. Number of children of this mother now living, including present birth 1 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ..... at 7 P. M.,  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Edgar C. Hinch

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness Maria S. Grant

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

(27) Filed July 4, 1923(28) Maria S. Grant 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.