

6/1/45 P

U. S. Dept. of Commerce
Bureau of the Census

15 045694

1. PLACE OF BIRTH

County of Aiken
Township of Aiken
or
Inc. Town of _____
or
City of Aiken

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2-a

FILE No. — For State Registrar Only

5002

Registered No. _____
(For use of Local Registrar)

Ward) _____

(No. _____ St.; _____)

(If birth occurs in a hospital or other institution, give name of same instead of street and number)

2. FULL NAME OF CHILD

Emma Robinson

{ If child is not yet named, make supplemental report as directed

3. Boy or Girl
GirlIf Plural
births4. Twins, triplets or other.....
5. Number, in order of birth.....6. Premature
Full term X7. Are Parents
Married? Yes8. Date of birth Sept 15 1945
(Month, day, year)9. Full
name

FATHER

Lindsey Robinson10. Residence (mailing address)
(If non-resident, give place and State)Aiken, S.C.Negro21

11. Color or race.....

12. Age at child's birth.....(years)

13. Birthplace (city or place)
(State or country)Aiken Co.
S.C.

OCCUPATION

14. Trade, profession or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.....Farmer15. Industry or business in which
work done, as silk mill,
sawmill, bank, etc.....16. Date (month and year) last
engaged in this work17. Total time (years)
spent in this work.....27. Number of children of this mother
(At time of birth and including this child)(a) Born alive and now living.....2 (b) Born alive but now dead.....0 (c) Stillborn28. If stillborn,
period of gestation.....months
weeks

29. Cause of stillbirth

{ Before labor
During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at 11:45 P.M. on the date above stated.{ When there was no attending physician
or midwife, then the father, householder
etc., should make this return.Given name added from
a supplementary report _____

(Date of) _____

Registrar.

(Signed)

Alevar Robinson, Parent

or _____, Guardian

Address 1412 Edgefield Ave.Filed June 18, 19 45 Thos. P. Lesesne

Registrar.

Aiken, S.C.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)

AFFIDAVIT

State of S.C.

County of Aiken

Personally appeared before me, Rachel Mims
and Otis Green, who being duly sworn, deposes and says:

1. That ~~He~~ (she) or he (~~she~~) reside in Aiken County of
S.C. and Aiken County of S.C.

Deponents further state that they are 59 and 52 years of age, respectively.

2. That of these deponents own knowledge, there was born to Alenar Mims Robinson
(Name of Mother)
a (~~male~~) (female) child, Emma Robinson, in Aiken, Aiken South Carolina,
(Name of Child) (Town) (County)
on or about the 15 day of Sept., 1915.

3. That these deponents are related to the child referred to herein as Step-grandmother
and friend, respectively.

Sworn to and subscribed before me,

this the 12 day of June, 19 45

Robert C. Brooks
(Notary Public, S. C.)

Rachel mims
Otis Green

These affidavits required in accordance with Regulation 16 of Rules and Regulations for Vital Statistics under authority Section 5130 of Civil Code of South Carolina for the year 1942.