

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-c Registered No. _____

(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

Emma Robinson

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

3. Boy or Girl <u>Girl</u>	If Plural births	4. Twins, triplets or other.....	6. Premature	7. Are Parents Married? <u>Yes</u>	8. Date of birth <u>Sept 15</u> 15 (Month, day, year)
		5. Number, in order of birth.....	Full term <u>X</u>		19.....

9. Full name
name Lindsey Robinson

FATHER

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

11. Color or race..... Negro 12. Age at child's birth.....(years) 21

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

14. Trade, profession or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.....
Farmer

15. Industry or business in which
work done, as silk mill,
sawmill, bank, etc.....

16. Date (month and year) last
engaged in this work
..... 19....

17. 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) Stillborn

28. If stillborn,
period of gestation..... } months } 29. Cause of stillbirth } Before labor
weeks } } During labor

18. Name before
marriage MOTHER
Alenar Mims

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

20. Color or race..... Negro 21. Age at child's birth.....(years) 23

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

23. Trade, profession, or particular
kind of work done, as house-
keeper, typist, nurse, clerk, etc.....
Housewife

24. Industry or business in which
work was done, as own home,
lawyer's office, silk mill, etc.....

25. Date (month and year) last
engaged in this work
..... 19....

26. Total time (years)
spent in this work.....

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.

(Signed) Alenar Robinson, Parent

Given name added from
a supplementary report _____

(Date of)

or _____, Guardian

Address 1412 Edgefield Ave.

Filed June 18, 19 45 Thos. P. Lesesne

Registrar.

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, 1945

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.