

## (1) PLACE OF BIRTH

County of Pickens, S.C.  
 Township of Liberty  
 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

2276

Registration District No. 8705 Registered No. 4  
 (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 Alvin Gunn Robinson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH June 17, 1922  
 (Time of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Mrs. Abraham Robinson

(9) PRESENT POSTOFFICE OF FATHER Liberty S.C. R 3

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30  
 (Years)

(12) BIRTHPLACE Pickens Co. S.C.

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 5

## MOTHER.

(14) NAME BEFORE MARRIAGE Olivia Ester Sanders

(15) PRESENT POSTOFFICE OF MOTHER Liberty S.C. R 3

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 29  
 (Years)

(18) BIRTHPLACE Pickens Co. S.C.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(23) (Signature) W. A. Sheldon M.D.  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Liberty, S.C.

Given name added from a supplemental report

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

(27) Filed Feb 9, 1923 (28) J. M. Poyne

\*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.