

(1) PLACE OF BIRTH

County of Lancaster
 Township of Cedar Creek
 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
19160

Registration District No. 2802 Registered No. 29
 (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 Matwell M. Donald 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 (6) Are Parents Married? (7) DATE OF BIRTH June 23, 1922
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME William Robinson
 (9) PRESENT POSTOFFICE OF FATHER Lancaster R# 3
 (10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 34 (Years)
 (12) BIRTHPLACE Lancaster co
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 7

MOTHER.
 (14) NAME BEFORE MARRIAGE Amanda Hill
 (15) PRESENT POSTOFFICE OF MOTHER Lancaster R# 3
 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 34 (Years)
 (18) BIRTHPLACE Lancaster
 (19) OCCUPATION Farmwork
 (21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Laura P. Jones
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Lancaster R# 3

Given name added from a supplemental report

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

....., 19, Registrar (27) Filed June 25, 1922 (28) J. A. Carter 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.

IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN. NO. 1 THIS OTHER, NO. 2, ETC., IN QUESTION 5.