

(1) PLACE OF BIRTH
 County of Sumter S.C.
 Township of Sumter
 or
 Inc. Town of
 or
 City of Sumter (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

47564

Registration District No. 4108 Registered No. 2
 (For use of Local Registrar)
 (2) Full Name of Child. Alma Robinson { If child is not yet named, make supplemental report as directed

(3) NOT GIRL?	(4) Twins or Triplet ?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
	To be answered only in case of Twins or Triplets		<u>yes</u>	<u>Jan 12 1916</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Wm. J. Robinson</u>			(14) NAME BEFORE MARRIAGE <u>Palma Proctor</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Sumter S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Sumter</u>	
(10) COLOR OR RACE <u>Colored</u>			(16) COLOR OR RACE	
(11) AGE AT LAST BIRTHDAY <u>37</u> (Years)			(17) AGE AT LAST BIRTHDAY <u>30</u> (Years)	
(12) BIRTHPLACE <u>Sumter S.C.</u>			(18) BIRTHPLACE <u>Sumter</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Farmer</u>	
(20) Number of children born to mother, including present birth <u>9</u>			(21) Number of children of this mother now living, including present birth <u>5</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Louise J. Proctor(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Jan 22, 1916 (28) One B. D. P. S.
Registrar 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.

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