

(1) PLACE OF BIRTH

County of *Orangeburg*Township of *St. Andrews*or Inc. Town of *C.*or City of *C.*

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

(2) Full Name of Child *Annie Elide Robinson* If child is not yet named, make supplemental report as directed

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| (3) SEX OF CHILD <i>GIRL</i> | (4) Twin or Triplet <i>+</i> To be answered only in event of Twins or Triplets | (5) Number in order of birth <i>4</i> | (6) Are Parents Married <i>Yes</i> | (7) DATE OF BIRTH <i>June 12, 1923</i> (Name of Month) (Day) (Year) |
| FATHER | | | MOTHER | |
| (8) FULL NAME <i>Charlie Robinson</i> | (14) NAME BEFORE MARRIAGE <i>Pansy Muller</i> | (10) PRESENT POSTOFFICE OF FATHER <i>Orangeburg S.C.</i> | (16) PRESENT POSTOFFICE OF MOTHER <i>Orangeburg S.C.</i> | (18) COLOR OR RACE <i>Wegro</i> |
| (10) COLOR OR RACE <i>Wegro</i> | (11) AGE AT LAST BIRTHDAY <i>28</i> (Years) | (12) BIRTHPLACE <i>S.C.</i> | (14) COLOR OR RACE <i>Wegro</i> | (16) AGE AT LAST BIRTHDAY <i>24</i> (Years) |
| (12) OCCUPATION <i>Farming</i> | (18) OCCUPATION <i>House wife</i> | (20) Number of children born to mother, including present birth <i>4</i> | (22) Number of children of this mother now living, including present birth <i>4</i> | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was *alive* at *9 A.* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(24) (Signature) *Rose Murch*(25) State whether Physician or Midwife *Midwife*(26) Address of Physician or Midwife *Orangeburg S.C.*

Given name added from a supplemental report

(27) Witness

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

(28) Filed *July 4, 1923*(29) *B. P. Murch*

(30) Local Registrar

19
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.