

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 2.

(1) PLACE OF BIRTH
 County of Abbeville
 Township of Magrath
 Inc. Town of.....
 City of.....
 (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

Registration District No. 109 Registered No. 1
 (For use of Local Registrars)

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

(3) SEX OF CHILD <u>Girl</u>	(4) Type of Birth <u>Is a natural birth out of the womb</u>	(5) Number in order of birth <u>1st</u>	(6) Age of Mother <u>24</u>	(7) DATE OF BIRTH <u>Jan 2 1923</u>
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FATHER		MOTHER	
(8) FULL NAME <u>Archie Robinson</u>	(14) NAME BEFORE MARRIAGE <u>Sallie Mae Glover</u>	(9) PRESENT RESIDENCE OF FATHER <u>Calhoun Falls S.C.</u>	(15) PRESENT RESIDENCE OF MOTHER <u>Calhoun Falls S.C.</u>
(10) COLOR OF FATHER <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>21</u>	(16) COLOR OF MOTHER <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>19</u>
(12) BIRTHPLACE <u>Abbeville S.C.</u>	(13) OCCUPATION <u>Farmer</u>	(18) BIRTHPLACE <u>Abbeville S.C.</u>	(19) OCCUPATION <u>Domestic</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was... alive... at 12 P.M. on the date above stated. (Born alive or stillborn. (Hour A. M. or P. M.))

(23) (Signature) Sallie Campbell
 (24) State whether, Physician or Midwife Midwife (25) Address of Physician or Midwife Calhoun Falls

Given name added from a supplemental report

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

(27) Filed Jan 6 1923 (28) 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.

Revised by the Bureau, Columbia, S. C.