

(1) PLACE OF BIRTH

County of LancasterTownship of 14

or

City of Winchester

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

(2) Full Name of Child Gene Bernice Robinson1 SEX Female

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married Yes(7) DATE June 6, 1923

BIRTH (Name of Month) (Day) (Year)

To be answered only in case of Twin or Triplet

FATHER

(8) FULL NAME Thomas Robinson(9) PRESENT POSTOFFICE OF FATHER Winchester SC(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 24(12) BIRTHPLACE Chester SC(13) OCCUPATION Textile operator(14) Number of children born to mother, including present birth 2

MOTHER

(15) NAME BEFORE MARRIAGE Allice Ross(16) PRESENT POSTOFFICE OF MOTHER Winchester SC(17) COLOR OR RACE White(18) AGE AT LAST BIRTHDAY 23(19) BIRTHPLACE Columbia SC(20) OCCUPATION Textile operator(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 11:30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Charles M. Cantelero

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Winchester SC

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

(27) Filed June 10, 1923 (28) W. H. Haynes 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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CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1913

File No. - For State Registrar Only

17576Registered No. 57

(For use of Local Registrar)

St.; (Ward)

(If child is not yet named, make supplemental report as directed)

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