

(1) PLACE OF BIRTH

County of Lancaster

Township of 14

or

City of Minorsville

(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. 1913

File No. - For State Registrar Only  
**17570**

Registered No. 57  
(For use of Local Registrar)

(2) Full Name of Child

Gene Bernice Robinson

2 SEX Female (3) Twin or Triplet No (4) Number in order of birth 1st (5) Are Parents Married Yes (6) DATE OF BIRTH June 6, 1923  
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Thomas Robinson

(9) PRESENT POSTOFFICE OF FATHER Thomasboro SC

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24 (Years)

(12) BIRTHPLACE Chester SC

(13) OCCUPATION Textile operator

(14) Number of children born to mother, including present birth 2

MOTHER

(14) NAME BEFORE MARRIAGE Allice Ross

(15) PRESENT POSTOFFICE OF MOTHER Thomasboro SC

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE Columbia SC

(19) OCCUPATION Textile operator

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born alive at 11:20 M., on the date above stated. (Born alive or stillborn) (Hour, M., or P. M.)

(23) (Signature) Charles M. Cantelero

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Thomasboro SC

(26) Address of Physician or Midwife

(Give name added from a supplemental report)

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

(27) Filed June 10, 1923 (29) C. M. 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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