

Form No. 1

## (1) PLACE OF BIRTH

County of AikenTownship of Rocky River

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

No. 1. — For State Registrar Only

91

Registration District No. 209 Registered No. 1  
(For use of Local Registrar)(2) Full Name of Child Lennie Robinson

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet <u>✓</u> To be answered only in case of Twin or Triplet	(5) Number in order of birth <u>4</u>	(6) Are Parents Married <u>no</u>	(7) DATE OF BIRTH <u>Jan. 14, 1923</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME Joe Livingston(9) PRESENT POSTOFFICE OF FATHER Charlotte, N.C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 40  
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Laborer(14) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Pigen Robinson(15) PRESENT POSTOFFICE OF MOTHER Sally, S.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 25  
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Laborer(20) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive at 2 P. M., on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Josephine X. Tyler(23) State whether Midwife (24) Address of Physician or Midwife Sally S.C.

Given name added from a supplemental report

(25) Witness Chas. H. Sallee  
(Signature of Witness necessary only when question 23 is signed by mark)(26) Filed Jan. 20, 1923 (27) Chas. H. Sallee  
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.

POST-PAID. USE SEPARATE BLANK FOR EACH CHILD. and mark the FIRST-BORN. No. 1. THE OTHER. No. 2, etc. In question 1

Bureau of Columbia, Columbia, S. C.