

Form No. 10. MARGIN RESERVED FOR BINDING. 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 McCaw. of Columbia. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH  
 County of Sumpter **CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 State Board of Health  
 File No. For State Registrar Only  
 64751  
 Township of Cherokee  
 or  
 Inc. Town of Early Branch Registration District No. 7403 Registered No. 28  
 or  
 City of \_\_\_\_\_ (For use of Local Registrar)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? _____ <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth <u>4</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 12 1916</u> <small>(Name of Month) (Day) (Year)</small>
<b>FATHER</b>		<b>MOTHER</b>		
(8) FULL NAME <u>Miss Roberson</u>		(14) NAME BEFORE MARRIAGE <u>Miss Haskins</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Early Branch</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Early Branch</u>		
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>24</u> <small>(Years)</small>	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>50</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>S.C.</u>		(18) BIRTHPLACE <u>S.C.</u>		
(13) OCCUPATION <u>Farming</u>		(19) OCCUPATION <u>House Work</u>		
(20) Number of children born to mother, including present birth <u>3</u>		(21) Number of children of this mother now living, including present birth <u>3</u>		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child who was born at 8 P M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Laura X. McLean

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Early Branch, S.C.

Given name added from a supplemental report \_\_\_\_\_, 191...  
 \_\_\_\_\_ Registrar

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

(27) Filed Jan 12 1916 (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.