

Form No. 1

(1) PLACE OF BIRTH

County of Clarendon
 Township of Concord
 or
 Inc. Town of.....
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

14359

Registration District No. 1302 Registered No. 43
 (For use of Local Registrar)

City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? Twin (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 28, 1922
 (Name of Month) (Day) (Year)

FATHER. MOTHER.

(8) FULL NAME Wallace Robison (14) NAME BEFORE MARRIAGE Annie Robison

(9) PRESENT POSTOFFICE OF FATHER Summerton, SC (15) PRESENT POSTOFFICE OF MOTHER Summerton, SC

(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 40 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 27
 (Year) (Year)

(12) BIRTHPLACE Clarendon, SC (18) BIRTHPLACE Clarendon, SC

(13) OCCUPATION Farmer (19) OCCUPATION House - wife

(20) Number of children born to mother, including present birth 1 (21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alma at 6:30 P. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Myra Mitchell (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed May 27, 1922 (28) H. C. Richman 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.

RECEIVED BY CLERK OF THE BOARD OF HEALTH, STATE OF SOUTH CAROLINA, AT THE OFFICE OF THE CLERK OF THE BOARD OF HEALTH, COLUMBIA, S. C. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.