

Form No. 1

(1) PLACE OF BIRTH

County of Malboro...Township of ...

or

Inc. Town of ...

or

City of Bismettsville

(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

File No.—For State Registrar Only

39387

Registration District No. 33ARegistered No. 120
(For use of Local Registrar)(2) Full Name of Child Julia Mae Robinson

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

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Nov. 27, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Jacob Robinson(9) PRESENT POSTOFFICE OF FATHER Bismettsville, S.C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 27
(Years)(12) BIRTHPLACE Malboro, S.C.(13) OCCUPATION Carpenter(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Thos Thompson(15) PRESENT POSTOFFICE OF MOTHER Bismettsville, S.C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 24
(Years)(18) BIRTHPLACE Sailington, S.C.(19) OCCUPATION Teacher(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 alive 3:45 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Deanna Thae(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Bismettsville, S.C.

Given name added from a supplemental report

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

(27) Filed Dec 7, 1922 (28) Mrs. H. W. Rote
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.