

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 FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Orangeburg</u>		STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		31770	
Township of <u>Midgley</u>		Registration District No. <u>3620</u>	Registered No. <u>73</u> (For use of Local Registrar)		
or Inc. Town of		(If child is not yet named, make supplemental report as directed)			
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					
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u> To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept 9, 1922</u> (Name of Month) (Day) (Year)	
(8) FATHER. (9) FULL NAME <u>Keeler Robinson</u> (10) PRESENT POSTOFFICE OF FATHER <u>Bowman, S.C.</u> (11) COLOR OR RACE <u>Black</u> (12) AGE AT LAST BIRTHDAY <u>25</u> (13) BIRTHPLACE <u>Orangeburg, C.</u> (14) OCCUPATION <u>Painter</u>			(15) MOTHER. (16) NAME BEFORE MARRIAGE <u>Estelle Miller</u> (17) PRESENT POSTOFFICE OF MOTHER <u>Bowman S.C.</u> (18) COLOR OR RACE <u>Black</u> (19) AGE AT LAST BIRTHDAY <u>24</u> (20) BIRTHPLACE <u>Orangeburg, C.</u> (21) OCCUPATION <u>Domestic</u>		
(22) Number of children born to mother, including present birth <u>4</u>			(23) Number of children of this mother now living, including present birth <u>4</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(24) I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>8:30 P.</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(25) (Signature) <u>T. L. Black</u>			(26) State whether Physician or Midwife <u>Physician</u>		
(27) Address of Physician or Midwife <u>Bowman S.C.</u>					
Given name added from a supplemental report			(28) Witness		
..... 19			(29) (Signature of Witness necessary only when question 23 is signed by mark)		
Registralr			(30) Filed <u>Oct 7, 1922</u> (31) U.S. H. K. <u>Pro</u> 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.					

NOTARY OF COLUMBIA, COLUMBIA, S. C.