

## (1) PLACE OF BIRTH

County SpartanburgTownship of Andersonor  
Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. .... Registered No. ....

(For use of Local Registrar)

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

(3) SEX OF CHILD <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Age Chest Marked <u>yes</u>	(7) DATE OF BIRTH <u>Feb. 14, 23</u> (Name of Month) (Day) (Year)
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(8) FULL NAME <u>Edd Robinson</u>	(9) NAME BEFORE MARRIAGE <u>John Horton</u>
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(10) PRESENT POSTOFFICE OF FATHER <u>Fred S.C.</u>	(11) PRESENT POSTOFFICE OF MOTHER <u>Fred S.C.</u>
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(12) COLOR OR RACE <u>negro</u>	(13) AGE AT LAST BIRTHDAY <u>43</u> (Year)	(14) COLOR OR RACE <u>negro</u>	(15) AGE AT LAST BIRTHDAY <u>36</u> (Year)
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(16) BIRTHPLACE <u>S.C.</u>	(17) BIRTHPLACE <u>S.C.</u>
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(18) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>S.P.</u>
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(20) Number of children born to mother, including present birth <u>8</u>	(21) Number of children of this mother now living, including present birth <u>6</u>
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## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) 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.)(23) (Signature) Clara Brockington  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
midwife Fred 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 (28) Local Registrar  
J. H. Hamlin

\*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.