

(1) PLACE OF BIRTH

County of Lexington
 Township of Platt Springs
 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

7724

Registration District No. #3110 Registered No. 8
 (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 Guinatti Robison

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

(3) BOY OR GIRL Girl (4) Twin or Triplet L (5) Number in order of birth L (6) Are Parents Married? No (7) DATE OF BIRTH Mar 16, 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME L
 (9) PRESENT POSTOFFICE OF FATHER L
 (10) COLOR OR RACE L
 (11) AGE AT LAST BIRTHDAY (Year) L
 (12) BIRTHPLACE L
 (13) OCCUPATION L

MOTHER.

(14) NAME BEFORE MARRIAGE Martha Chestnut
 (15) PRESENT POSTOFFICE OF MOTHER Gastonia SC
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY (Year) 19
 (18) BIRTHPLACE S.C.
 (19) OCCUPATION Domestic
 (20) Number of children born to mother, including present birth 1
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Normal at 11 AM.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Laura Brascoe
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Gastonia SC

Given name added from a supplemental report

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

(27) Filed Mar 22, 1923 (28) Mrs Joe Fallon 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.