

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

14358

Registration District No. 1302 Registered No. 42
 (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 Rebecca Robertson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH May 28 1922
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Callie Robinson(9) PRESENT POSTOFFICE OF FATHER Summerton, S. C.(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 40 (Years)(12) BIRTHPLACE Clarendon, S. C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 9

MOTHER.

(14) NAME BEFORE MARRIAGE Annie Robinson(15) PRESENT POSTOFFICE OF MOTHER Summerton, S. C.(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 37 (Years)(18) BIRTHPLACE Clarendon, S. C.(19) OCCUPATION House-Wife(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 born at 6 P. M.
 on the date above stated. (Born alive or stillborn) (Hour & M. or P.)

(23) (Signature) Mary Mitchell(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Summerton, R. D.

Given name added from a supplemental report

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

(27) Filed May 31 1922 (28) A. E. Robinson
 Registrar 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.

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

MICHIGAN DE COLUMBIA, COLUMBIA, S. C.