

Form No. 1

(1) PLACE OF BIRTH
(1) PLACE OF BIRTHCounty of Guernsey
Township of Saline

Inc. Town of

or

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

Elvis Robinson

(3) BOY OR GIRL?

girl

(4) Twin or Triplet?

To be answered only in case of twins or triplets

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

Mr. 16 1916
(Name of Month) (Day) (Year)

MOTHER.

(8) FULL NAME

Mildred Robinson

(9) PRESENT POSTOFFICE OF FATHER

Warrenton, SC

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

29 (Years)

(12) BIRTHPLACE

H. C.

(13) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

3

(14) NAME BEFORE MARRIAGE

Edw. Robinson

(15) PRESENT POSTOFFICE OF MOTHER

Warrenton, SC

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

2 (Years)

(18) BIRTHPLACE

H. C.

(19) OCCUPATION

Farmer

(21) Number of children of this mother now living, including present birth

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at Warrenton, SC (Hour A. M. or P. M.)
on the date above stated.

(23) (Signature)

G. O. G. G.

(24) State whether Physician or Midwife

Physician

Given name added from a supplemental report

1916

Registrar

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

(27) Filed Nov 1916(28) G. O. G. G. 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.

MARGIN RESERVED FOR BINDING.
FORM NO. 6
WHITE 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.CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of HealthFile No.—For State Registrar Only
85886Registration District No. 2215 Registered No. 37
(For use of Local Registrar)

St.; Ward)

(No.)

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