

(1) PLACE OF BIRTH  
 County of Charleston  
 Township of .....  
 or  
 Inc. Town of .....  
 or  
 City of Charleston  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 State Board of Health

File No. — For State Registrar Only  
84671

Registration District No. 9A Registered No. 13706  
 (For use of Local Registrar)  
 (No. Roper Hospital 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. Baby Seymour } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet?  (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov. 24 1916  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Mr. Percy Robinson  
 (9) PRESENT POSTOFFICE OF FATHER 32, Butler St. Char. S.C.  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 25 (Years)  
 (12) BIRTHPLACE Ga.  
 (13) OCCUPATION Merchant

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Alice Carter  
 (15) PRESENT POSTOFFICE OF MOTHER 32, Butler St. Charleston  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 22 (Years)  
 (18) BIRTHPLACE Ga.  
 (19) OCCUPATION Id.

(20) Number of children born to mother, including present birth } 2  
 (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 born alive at 12:45 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. G. A. Roberts M.D.  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Physician Roper Hospital

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 11/27/16 (28) J. Mercier Green M.D. 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.