

(1) PLACE OF BIRTH

County of York

Township of

Inc. Town of

City of Ft. Mill S.C.
(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

20555

(2) Full Name of Child L. M. Eugene Robinson { If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 5, 22
(Name of Month) (Day) (Year)FATHER. ROBINSON MOTHER. Maggie Montgomery(8) FULL NAME Lennie Moore Robinson (14) NAME BEFORE MARRIAGE Maggie Montgomery(9) PRESENT POSTOFFICE OF FATHER Ft. Mill S.C. (15) PRESENT POSTOFFICE OF MOTHER Ft. Mill S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 23 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19
(Years) (Years)(12) BIRTHPLACE Durham N.C. (18) BIRTHPLACE Durham N.C.(13) OCCUPATION Merch War (19) OCCUPATION Wendell(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 born alive at 1132 a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature] (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife [Address]

Given name added from a supplemental report

W.A.R. en 191....
affd 10/25/43
Registrar(26) Witness [Signature] (Signature of witness necessary only when question 23 is signed by mark)(27) Filed 10/25/43 (28) [Signature] 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.

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