

## (1) PLACE OF BIRTH

County of Lee  
 Township of Gynchby  
 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  
**21717**

Registration District No. S.C. 2 Registered No. 86  
 (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 Charles Robinson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet To be answered in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH (Name of Month) <u>July</u> (Day) <u>2</u> (Year) <u>23</u>
FATHER.			MOTHER.	
(8) FULL NAME <u>William Robinson</u>			(14) NAME BEFORE MARRIAGE <u>Bertha Brown</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Gynchby S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Gynchby S.C.</u>	
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>34</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>25</u> (Years)	
(12) BIRTHPLACE <u>Darlington Co. S.C.</u>			(18) BIRTHPLACE <u>Darlington Co. S.C.</u>	
(13) OCCUPATION <u>Harmon</u>			(19) OCCUPATION <u>House work</u>	
(20) Number of children born to mother, including present birth <u>11</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

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

(23) (Signature) Marion Anderson  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Gynchby S.C.

Given name added from a supplemental report

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

(27) Filed 8/7/23 (28) J. P. Whitson 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.