

(1) PLACE OF BIRTH

County of *Charleston*

Township of

or Inc. Town of

or City of

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

Registration District No. *9 A*

File No.—For State Registrar Only

590

Registered No. *172*

(For use of Local Registrar)

(2) Full Name of Child

David C. Robinson

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

(6) Are Parents Married? *yes*

(7) DATE OF BIRTH

Jan 21 1922

To be answered only in event of Twins or Triplets

FATHER

8 FULL NAME *David C. Robinson*9 PRESENT POSTOFFICE OF FATHER *Charleston*10 COLOR OR RACE *Colored*(11) AGE AT LAST BIRTHDAY *35*12 BIRTHPLACE *Charleston S. C.*13 OCCUPATION *Shopkeeper*20 Number of children born to mother, including present birth *11-0-0*

MOTHER

(14) NAME BEFORE MARRIAGE *Lottie Mills*(15) PRESENT POSTOFFICE OF MOTHER *Charleston*(16) COLOR OR RACE *Colored*(17) AGE AT LAST BIRTHDAY *29*(18) BIRTHPLACE *Charleston S. C.*(19) OCCUPATION *Housekeeper*(21) Number of children of this mother now living, including present birth *11-0-0*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *Bar n. alive* at *5 a.m.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *Elizabeth A. Fuller*(24) State whether Physician or Midwife *mid wife*(25) Address of Physician or Midwife *46 Market St*

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by-come)

(27) Filed *2-4**1922*

Local Registrar

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.