

## (1) PLACE OF BIRTH

County of Clendenen  
 Township of Hart  
 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

13610

Registration District No. 305 Registered No. 3-7  
 (For use of Local Registrar)

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

(2) Full Name of Child Harold Robinson

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

3. BOY OR GIRL? \_\_\_\_\_ (4) Twin or Triplet? + (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH May 11 1922  
 (Name of Month) (Day) (Year)

## FATHER.

8. FULL NAME Ed Robinson  
 9. PRESENT POSTOFFICE OF FATHER Jamville S.C.  
 10. COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 22  
 12. BIRTHPLACE S.C.  
 13. OCCUPATION Teacher

## MOTHER.

14. NAME BEFORE MARRIAGE Barry Johnson  
 15. PRESENT POSTOFFICE OF MOTHER Jamville S.C.  
 16. COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 18  
 18. BIRTHPLACE S.C.  
 19. OCCUPATION Housewife  
 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 White at 12 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Martina Paricherson  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Jamville S.C.

Given name added from a supplemental report

(26) Witness

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

19 \_\_\_\_\_  
 Registrar

(27) Filed May 14 1922 (28) J. T. Gallaway  
 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.