

## (1) PLACE OF BIRTH

County of BlountTownship of Longview

Inc. Town of .....

City of .....

(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

Registration District No. 1218 Registered No. 2  
(For use of Local Registrar)(2) Full Name of Child Richard RobinsonIf child is not yet named, make  
supplemental report as directed(3) SEX OF CHILD Male (4) Type or Yes (5) Number in 1 (6) Age 2 (7) DATE OF BIRTH Jan 16, 1923  
To be answered only in event of Twin or Triplets (Year of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Henry Elia Robinson(9) PRESENT POSTOFFICE OF FATHER Garberville(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 34 (Year)(12) BIRTHPLACE Id.(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 1

## MOTHER.

(15) NAME BEFORE MARRIAGE Gertrude Jane Cook(16) PRESENT POSTOFFICE OF MOTHER Garberville(17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 20 (Year)(19) BIRTHPLACE Id.(20) OCCUPATION Housewife(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 Boys died at 9 A.M., on the date above stated. (Hour of Birth or stillborn) (Hour A. M. or P. M.)(23) (Signature) B. E. Garberville

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Date Jan 21, 1923 (28) B. E. Garberville 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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