

(1) PLACE OF BIRTH

County of ChesterTownship of Chesteror
Inc. Town ofor
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

File No.—for State Registrar Only

17136

Registration District No. 1107 Registered No. 68

(For use of Local Registrar)

Ward

(2) Full Name of Child Sarah Francis Robinson If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? yes (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH June 11 23
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME David Robinson(9) PRESENT POSTOFFICE OF FATHER Chester, S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 50
(Years)(12) BIRTHPLACE Chester Co.(13) OCCUPATION mill work(20) Number of children born to mother, including present birth 10

MOTHER.

(14) NAME BEFORE MARRIAGE Emma Pugh(15) PRESENT POSTOFFICE OF MOTHER Chester, S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 42
(Years)(18) BIRTHPLACE Chester Co.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 3:20 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. H. H. H.(24) State whether Physician or Midwife (25) Address of Physician or Midwife Chester, S.C.

Given name added from a supplemental report

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

(27) File 18 23 (28) 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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