

(1) PLACE OF BIRTH

County of Kershaw
Township of Flat Rock
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
1681

Registration District No. 2702 Registered No. 2
(For use of Local Registrar)

City of (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 Vicci Robert Robinson

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

| | | | | |
|-----------------------------|---------------------|-----------------------------|------------------------------------|---|
| 3) BOY OR GIRL? <i>Girl</i> | 4) Twin or Triplet? | 5) Number in order of birth | 6) Are Parents Married? <i>Yes</i> | 7) DATE OF BIRTH: <i>June 15 1972</i> (Name of Month) (Day) (Year) |
|-----------------------------|---------------------|-----------------------------|------------------------------------|---|

FATHER.

(4) FULL NAME *Foguen Robinson*

(9) PRESENT POSTOFFICE OF FATHER *Hastville*

(10) COLOR OR RACE *Negro* (11) AGE AT LAST BIRTHDAY *46* (Years)

(12) BIRTHPLACE *S. C.*

(13) OCCUPATION *Farmer*

(20) Number of children born to mother, including present birth *3*

U
MOTHER.

(14) NAME BEFORE MARRIAGE *Mary Napier*

(15) PRESENT POSTOFFICE OF MOTHER *Houston*

(16) COLOR OR RACE *Negro* (17) AGE AT LAST BIRTHDAY *22* (Year) *(Ten)*

(18) BIRTHPLACE *A C*

(19) OCCUPATION *Farm work*

(21) Number of children of this mother now living, including present birth *1* *3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature)

State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
al report

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

(27) Filed 3/10 1922 (28) D. H. Burfield
 1922 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.