

Form No. 1.

(1) PLACE OF BIRTH

County of Greene

Township of Danoklum

or

Inc. Town of

or

City of

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(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

42997

Registration District No. 2215 Registered No. 97  
(For use of Local Registrar)

(2) Full Name of Child Willie James Robinson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 1 1915  
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

#### FATHER.

(8) FULL NAME Eugene Robinson

(9) PRESENT POSTOFFICE OF FATHER Tony creek

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 25  
(Years)

(12) BIRTHPLACE Attenu Co S C

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 1

#### MOTHER.

(14) NAME BEFORE MARRIAGE Sara White

(15) PRESENT POSTOFFICE OF MOTHER Tony creek

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 18  
(Years)

(18) BIRTHPLACE Attenu Co S C

(19) OCCUPATION Labourer

(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 Alive at 9:00 Am,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) James Thompson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Tony creek

Given name added from a supplemental report

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Registrar

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

(27) Filed Dec 1 1915 (28) C. D. Smith Local Registrar.

MARGIN RESERVED FOR BINDING.  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK 'or each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
McCauley, of Columbia.

\*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.