

Form No. 1

(1) PLACE OF BIRTH

County of C. HuxleyTownship of St. JamesInc. Town of St. JamesCity of St. James

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—for State Registrar Only

3280

Registered No. 17

(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 Samuel Robinson If child is not yet named, make supplemental report as directed(3) SEX OF CHILD Boy (4) Type of Trisomy 5- (5) Are Parents Married Yes (6) DATE OF BIRTH Feb 8, 1923

FATHER.

(7) FULL NAME George K. Robinson

(8) PRESENT RESIDENCE OF FATHER St. James

(9) COLOR OR RACE Negro (10) AGE AT LAST BIRTHDAY 29 (Years)

(11) BIRTHPLACE Charleston, S.C.

(12) OCCUPATION Day Labor

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

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Ann Brown

(15) PRESENT RESIDENCE OF MOTHER St. James

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 28 (Years)

(18) BIRTHPLACE Charleston, S.C.

(19) OCCUPATION Day Labor

(20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at St. James, S.C., on the date above stated. (Born alive or stillborn) (Date P. M. or P. M.)

(22) (Signature) Theresa Brown

(23) State whether Physician or Midwife Midwife

(24) Address of Physician or Midwife St. James

(25) Witness (Signature of Witness necessary only when question 21 is signed by mark) Samuel Robinson

(26) Filed Mar 9, 1923 (27) Local Registrar Samuel Robinson

When a child is born to a physician or midwife, then the father, householder, etc., should make this report. If a child is born to a householder, it must not be reported as stillborn. No report is desired of children born before the last month of pregnancy.