

(1) PLACE OF BIRTH

County of Lancaster
 Township of Little
 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

90552

Registration District No. 2806Registered No. 142
(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 Eva Robinson (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? girl (4) Twin or Triplet? 9th (5) Number in order of birth 9th (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 12, 1916
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Riley Robinson
 (9) PRESENT POSTOFFICE OF FATHER North Spring
 (10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 37 (Years)
 (12) BIRTHPLACE Lancaster Co
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 9

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Lang
 (15) PRESENT POSTOFFICE OF MOTHER North Spring
 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 35 (Years)
 (18) BIRTHPLACE Lancaster Co
 (19) OCCUPATION House & Farm Work
 (21) Number of children of this mother now living, including present birth 19

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 4 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Easton Sumner

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness E. F. Hammond
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Jan 9, 1917 (28) Ed F. Hammond 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.

