

MAJORITY RECEIVED FOR BINDING.
WHEN PLACED, WITH UNPAID INCOME IN A PERMANENT RECORD.
N. B.—In case of TWINS or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
PHILADELPHIA, No. 1. THIS OFFICE, No. 2, etc., in question 6.
REGISTRATION, GERMANY.

(1) PLACE OF BIRTH
County of Beaufort
Township of Swanton
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
3203

Registration District No. 603B Registered No. 13
(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 Jack Ladson

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 6 6) Are Parents Married? No 7) DATE OF BIRTH Feb. 10, 22
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Arant Robinson
9) PRESENT POSTOFFICE OF FATHER Shearon P.C.
10) COLOR OR RACE negro 11) AGE AT LAST BIRTHDAY 52
(Years)
12) BIRTHPLACE Shearon P.C.
13) OCCUPATION Farming
20) Number of children born to mother, including present birth 1 6

MOTHER.

14) NAME BEFORE MARRIAGE Roberta Robinson
15) PRESENT POSTOFFICE OF MOTHER Shearon P.C.
16) COLOR OR RACE negro 17) AGE AT LAST BIRTHDAY 39
(Years)
18) BIRTHPLACE Shearon P.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 born alive at 6:00 P.M. on the date above stated. (Hour, A.M. or P.M.)

(23) (Signature) Phoebe Darnell

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 19 (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.