

## (1) PLACE OF BIRTH

County of

Township of

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

19810

Registration District No. 3701

Registered No. 31  
(For use of Local Registrar)

(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

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

(3) ~~BOY OR~~  
GIRL?(4) Twin  
or Triplet?(5) Number in  
order of birth(6) ~~Was~~  
married?

(7) DATE OF

BIRTH

June 25 1922

## FATHER.

## MOTHER.

(8) FULL  
NAME

Clinton Robinson

(14) NAME BEFORE  
MARRIAGE

Ernice Freeman

(9) PRESENT  
POSTOFFICE  
OF FATHER

Dacusville

(15) PRESENT  
POSTOFFICE  
OF MOTHER

Dacusville

(10) COLOR  
OR  
RACE

White

(11) AGE AT LAST  
BIRTHDAY26  
(Years)(16) COLOR  
OR  
RACE

White

(17) AGE AT LAST  
BIRTHDAY22  
(Years)

(12) BIRTHPLACE

S.C.

(18) BIRTHPLACE

S.C.

(13) OCCUPATION

Farming

(19) OCCUPATION

Domestic

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

1

(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 ..... at ..... P.M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) Signature

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-  
tal report

(26) Witness

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

(27) Filed

July 3, 1922

(28)

H. M. Ponder

Local Registrar.

If no attending physician or midwife, then the father, householder, etc., should make this return.  
If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths  
before the fifth month of pregnancy.

In case of TWINS or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.