

Form No. 1.

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

FILE NO. - FOR STATE DEPARTMENT
69780

County of Orangeburg

STATE OF SOUTH CAROLINA

Township of Brown

Bureau of Vital Statistics

State Board of Health

Inc. Town of

Registration District No. 3

Registered No. 316

(For use of local Registrar)

City of

(No.)

(Date of birth)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Cass Robinson

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

(3) BOY Boy (4) Twin or Triplet? (5) Number in order of birth (6) Sex Male (7) DATE June 5, 1916

(8) NAME BEFORE MARRIAGE Dora Kelly

(9) PRESENT POSTOFFICE OF FATHER Brown, S.C.

(10) PRESENT POSTOFFICE OF MOTHER Brown, S.C.

(11) COLOR OR RACE Negro (12) AGE AT LAST BIRTHDAY 30 (13) COLOR OR RACE Negro (14) AGE AT LAST BIRTHDAY 27

(15) BIRTHPLACE Orangeburg, S.C. (16) BIRTHPLACE Orangeburg, S.C.

(17) OCCUPATION Farming (18) OCCUPATION Housewife

(19) Number of children born to mother, including present birth 4 (20) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born June 5, 1916 at Orangeburg, S.C. on this date above stated.

(22) (Signature) Dora Kelly

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

Give name added from a supplemental report

(25) Witness J. E. Knight

(26) Signature of Witness J. E. Knight

(27) Date June 6, 1916 (28) (Signature) J. E. Knight

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 at stillbirth before the fifth month of pregnancy.

M. H.—On 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 2.

State of Columbia