

Form No. 1

(1) PLACE OF BIRTH

County of FairfieldTownship of # 1

or

Inc. Town of

or

City of Shelton

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

42236

Registration District No. 19.00Registered No. 72
(For use of Local Registrar)

(No. St.; Ward)

(2) Full Name of Child

Henson Robison

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF

BIRTH Dec 31 19 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Johnnie Robison

(9) PRESENT POSTOFFICE OF FATHER

Shelton, S. C.

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

21
(Years)

(12) BIRTHPLACE

Fairfield, Co.

(13) OCCUPATION

Farm laborer

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

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Beckie Young

(15) PRESENT POSTOFFICE OF MOTHER

Shelton, S. C.

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

26
(Years)

(18) BIRTHPLACE

Fairfield Co.

(19) OCCUPATION

Housewife

(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 Born alive at 12 M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Martha Young

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Shelton, S. C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Jan 919 23

(28)

Mrs C. W. Faucette
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.

N. B.—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.