

(1) PLACE OF BIRTH

County of

Anderson

Township of

Fork

Inc. Town of

or

City of

(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

71269

Registration District No. 3051Registered No. 83

(For use of Local Registrar)

(2) Full Name of Child.

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

(3) BOY OR GIRL? Girl(4) Twin or Triplet? X(5) Number in order of birth 2(6) Are Parents Married? yes

(7) DATE OF BIRTH

Aug 10 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Ben Robinson

(9) PRESENT POSTOFFICE OF FATHER

Townville S.C.

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

24

(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

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

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Sam Brown

(15) PRESENT POSTOFFICE OF MOTHER

Townville S.C.

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

24

(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 P. M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature)

W. W. Wray

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Fair Play S.C.

Given name added from a supplemental report

Registrar

(26) Witness

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

(27) Filed Sep 4 1916(28) P. H. McClair

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.

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