

Form No. 1

(1) PLACE OF BIRTH

County of Greenwood

Township of

or

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

42831

Registration District No. 2306Registered No. 160

(For use of Local Registrar)

(2) Full Name of Child

Franklin Robson

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

| | | | | |
|--------------------------------|---|------------------------------|--|--|
| (3) BOY OR GIRL? <u>Boy</u> | (4) Twin or Triplet? To be answered only in event of Twins or Triplets | (5) Number in order of birth | (6) Are Parents Married? <u>yes</u> | (7) DATE OF BIRTH <u>Dec 28, 1922</u> (Name of Month) (Day) (Year) |
|--------------------------------|---|------------------------------|--|--|

FATHER.

(8) FULL NAME Arthur Robson(9) PRESENT POSTOFFICE OF FATHER Greenwood RFD(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 19 (Years)(12) BIRTHPLACE Greenwood Co.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Minnie Lee Watson(15) PRESENT POSTOFFICE OF MOTHER Greenwood RFD(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE Greenville S.C.(19) OCCUPATION Farming(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.... alive... at... 5:30 P.M.... on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Ammanda Wright(24) State whether Physician or Midwife (25) Address of Physician or Midwife Greenwood RFD

Given name added from a supplemental report

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

(27) Filed Jan 13, 1923 (28) A. P. Brooks 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.