

Form No. 1

(1) PLACE OF BIRTH

County of G. Town

Township of

Inc. Town of

City of Georgetown

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

(2) Full Name of Child Catherine

File No.—For State Registrar Only

28385

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 21-A Registered No. 52

(For use of Local Registrar)

(No. 217 meeting St.; Ward)

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

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Age Parents Married <u>700</u>	(7) DATE OF BIRTH <u>9-22-23</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Lyne Robinson(9) PRESENT POSTOFFICE OF FATHER Georgetown(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 34 (Year)(12) BIRTHPLACE S.C.(13) OCCUPATION Labour(14) Number of children born to mother, including present birth 3

MOTHER.

(15) NAME BEFORE MARRIAGE Lattie Mitchell(16) PRESENT POSTOFFICE OF MOTHER Georgetown(17) COLOR OR RACE negro (18) AGE AT LAST BIRTHDAY 29 (Year)(19) BIRTHPLACE Georgetown(20) OCCUPATION Housework(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 alive at 4 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Louisa Johnson midwife(24) State whether Physician or Midwife (25) Address of Physician or Midwife 350 Duval St.

Given name added from a supplemental report

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

(27) Signed Oct. 2 19 23 (28) Mrs. R. T. King 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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WRITING RESERVED FOR BINDING.

WRITE PLAINLY, WITH FADING INK—THIS IS A PERMANENT RECORD. 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 3.