

## (1) PLACE OF BIRTH

County of Charleston

Township of .....

Inc. Town of Moultrieville, ...

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

88868

Registration District No. 912 ... Registered No. 30

(For use of Local Registrar)

(2) Full Name of Child William James Robison ...

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

(3) BOY OR

Girl?

Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes

(7) DATE OF

BIRTH 22, Dec, 1916

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

John Robison,

(9) PRESENT POSTOFFICE OF FATHER

Moultrieville, S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

23

(Years)

(12) BIRTHPLACE

Sharps Chappel, Tenn.

(13) OCCUPATION

Soldier

## MOTHER.

(14) NAME BEFORE MARRIAGE

Era B. Heath,

(15) PRESENT POSTOFFICE OF MOTHER

Moultrieville, SC.

(16) COLOR OR RACE

White.

(17) AGE AT LAST BIRTHDAY

23

(Years)

(18) BIRTHPLACE

Sharps Chappel, Tenn.

(19) OCCUPATION

Soldier's wife.

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

2

(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 7.3 ..... P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) William A. Hunt

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

1st Lt MRC.USA.

Ft Moultrie, SC.

Given name added from a supplemental report

191

Registrar

(26) Witness

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

(27) Filed Dec 30 1916

(28)

Geo. W. Roberts 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.

WHICH BEARING, WITH UNPAID FEE—THIS IS A PERMANENT RECORD. N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and enter the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5. State of Columbia.