

Form No. 1

(1) PLACE OF BIRTH

County of Charleston
 Township of Johns Island
 or
 Inc. Town of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

577

Registration District No. 905 Registered No. 6
 (For use of Local Registrar)

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

(2) Full Name of Child Jacob Robinson

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

(a) SEX OF CHILD Male (b) Type of Birth Normal (c) Number of Births 1 (d) Is child born at home or in hospital? Yes (e) DATE OF BIRTH Jan 8 23
 (Month of Birth) (Day) (Year)

FATHER: (a) FULL NAME Jacob Robinson (b) PRESENT RESIDENCE OF FATHER Johns Island (c) COLOR OR RACE Negro (d) BIRTHPLACE Madman Island (e) OCCUPATION Farmer (f) Number of children born to mother, including present child 1 Ten

MOTHER: (a) NAME BEFORE MARRIAGE Margaret Simmons (b) PRESENT RESIDENCE OF MOTHER Johns Island (c) COLOR OR RACE Negro (d) BIRTHPLACE Johns Island (e) OCCUPATION Farm Laborer (f) Number of children of this mother now living, including present child 1 One

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Isabelle Pethers (24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Johns Island

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 25 is signed by mother)

(27) Filed Jan 13 23 (28) Mrs. E. H. Hills Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is desired of children before the fifth month of pregnancy.

WRITE PLAINLY, WITH CAPITALS, WITH SPACING, AND WITH A PERMANENT INK. 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 1.