

MAKING RESERVES FOR FUTURE USE. THIS FORM IS NOT TO BE USED FOR THE PURPOSES OF THE BUREAU OF VITAL STATISTICS. IT IS TO BE USED FOR THE PURPOSES OF THE BUREAU OF VITAL STATISTICS. IT IS TO BE USED FOR THE PURPOSES OF THE BUREAU OF VITAL STATISTICS.

(1) PLACE OF BIRTH  
County of Anderson  
Township of Piedlita  
or  
Inc. Town of 1  
or  
City of 1 (No. .... St.; .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
(2) Full Name of Child Birdie Robinson (If child is not yet named, make supplemental report as directed)

File No.—For State Registrar Only  
**28844**

3) BOY OR GIRL Girl 4) Twin or Triplet? No 5) Number in order of birth 1 6) Age at birth Year 7) DATE OF BIRTH 9 14 22 (Name of Month) (Day) (Year)  
To be answered only in event of Twins or Triplets  
FATHER: 8) FULL NAME Will Robinson 9) PRESENT POSTOFFICE OF FATHER Piedlita, S.C. 10) COLOR OR RACE Negro 11) AGE AT LAST BIRTHDAY 27 (Years) 12) BIRTHPLACE And. Co., S.C. 13) OCCUPATION Oil Mill Operator 14) NAME BEFORE MARRIAGE Birdie Reid 15) PRESENT POSTOFFICE OF MOTHER Piedlita, S.C. 16) COLOR OR RACE Negro 17) AGE AT LAST BIRTHDAY 21 (Years) 18) BIRTHPLACE Pickens Co., S.C. 19) OCCUPATION Housewife 20) Number of children born to mother, including present birth 1 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 alone at 10 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
(23) (Signature) C. C. Dorton  
(24) State whether Physician or Midwife Physician or Midwife Address of Physician or Midwife Piedlita, S.C.

Given name added from a supplemental report B. Woodruff  
Nov 12 1923  
Registrar  
(25) Witness (Signature of Witness necessary only when question 23 is signed by mark) N. H. Seawright  
(27) Filed Oct 13 1922 (28) N. H. Seawright 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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