

PLACE OF BIRTH

Spartanburg
County of Cherokee

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

74746

Registration District No. 40020 Registered No. 226
(For use of Local Registrar)St.; Ward
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child Gladys Robbin } If child is not yet named, make supplemental report as directed

(4) Twin or Triplet? (5) Number in order of birth 5 (6) Are Parents Married? yes (7) DATE OF BIRTH Aug 29, 1914
(Name of Month) (Day) (Year)

FATHER. FULL NAME Will Robbin

PRESENT POSTOFFICE OF FATHER Harris R.F.D. #1

COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32 (Years)

BIRTHPLACE Spartanburg, S.C.

OCCUPATION Farming

Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Nellie Robbin

(15) PRESENT POSTOFFICE OF MOTHER Harris R.F.D. #1

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Years)

(18) BIRTHPLACE Spartanburg, S.C.

(19) OCCUPATION Housekeeping

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive or stillborn at 11:15 P.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) J. E. McPherson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician, Cherokee, S.C.

Name added from a supplemental report

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

(27) Filed Aug 30, 1914 (28) J. B. Blackwell Local Registrar

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