

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

62975

County of AndersonTownship of BroadwayIn. Town of
or
City ofRegistration District No. 301 Registered No. 5-9
(For use of Local Registrar)

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

(2) Full Name of Child. Robinson } 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 June 9 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Frederick Robinson
(9) PRESENT POSTOFFICE OF FATHER Bolton R. D. #2
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 24 (Years)
(12) BIRTHPLACE Abbeville Co
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth one

MOTHER.

(14) NAME BEFORE MARRIAGE Carrie Gambrell
(15) PRESENT POSTOFFICE OF MOTHER Bolton S. C. R. D. #2
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 19 (Years)
(18) BIRTHPLACE Anderson Co
(19) OCCUPATION Housewife
(20) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 4:00 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) C. A. Jones

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed July 10 1916

(28)

M. C. LeSalle 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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