

1. PLACE OF BIRTH Charleston STATE OF SOUTH CAROLINA.
 County of Charleston Bureau of Vital Statistics
 Township of Jas Island State Board of Health

48394

Inc. Town of Registration District No. 904 Registered No. 5
 or (For use of Local Registrar)
 or St.; Ward
 City of (No.) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 (If child is not yet named, make supplemental report as directed)

(2) Full Name of Child Ind. Gardens Robinson

(3) BOY OR GIRL? Boy (4) Twin Yes (5) Number in order of birth 5
 to be printed only in case of Twins or Triplets

(5) Are Parents Married? Yes

(7) DATE OF BIRTH Jan 26 1906
 (Name of Month) (Day) (Year)

MOTHER.

(8) FULL NAME Ind. Gardens
 (9) PRESENT POSTOFFICE OF FATHER Charleston R.F.D. #2

(10) COLOR OR RACE B (11) AGE AT LAST BIRTHDAY 33 (Years)

(12) BIRTHPLACE Jas Island

(13) OCCUPATION Farm Hand

(20) Number of children born to mother, including present birth 6

(14) NAME BEFORE MARRIAGE Harriet Robinson

(15) PRESENT POSTOFFICE OF MOTHER Charleston R.F.D. #2

(16) COLOR OR RACE B (17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE Indiant Pleasant

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) H. M. Parker, Jr. M.D.
 (24) State whether Physician or Midwife

(25) Address of Physician or Midwife Charleston S.C.R.F.D.

Given name added from a supplemental report

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

(27) Filed 191..... (28) 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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WHILE FILLING, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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 3.

McCauley of Columbia.

McCauley