

## (1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 10-1 for this register only

3603

County of CharlestonTownship of North Charleston

Inc. Town of .....

City of .....

Registration District No. 1.2.2.7Registered No. .... 77...  
(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 William Robinson

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

(a) BOY OR GIRL <u>Boy</u>	(c) Twin or Triplet <u>-</u> Is it reported only in event of Twin or Triplet	(d) Number in order of birth <u>-</u>	(e) Sex <u>yes</u>	(f) DATE OF BIRTH <u>Feb 4, 1923</u> (Name of Month) (Day) (Year)
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## FATHER.

(a) FULL NAME Wm. Robinson(b) PRESENT POSTOFFICE OF FATHER Charleston(c) COLOR OR RACE Col. (11) AGE AT LAST BIRTHDAY 23 (Year)(12) BIRTHPLACE S.C.(13) OCCUPATION farmer(14) Number of children born to mother, including present birth 2

## MOTHER.

(14) NAME BEFORE MARRIAGE Anna Robinson(15) PRESENT POSTOFFICE OF MOTHER Charleston R.(16) COLOR OR RACE Col. (17) AGE AT LAST BIRTHDAY 19 (Year)(18) BIRTHPLACE S.C.(19) OCCUPATION at home(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 alive at 4 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. J. H. Langston

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Charleston

Given name added from a suggestion of parent

(26) Witness Ed. E. Eady  
(Signature of Witness necessary only when question 22 is signed by mother)(27) Date Feb. 4, 1923 (28) Ed. Eady

When filed

F. S. S.