

DEPARTMENT OF HEALTH AND HUMAN SERVICES
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
BUREAU OF VITAL STATISTICS
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

(1) PLACE OF BIRTH
County of Richland
Township of Blytheville
or
Inc. Town of
or
City of
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

Registration District No. 3800 Registered No. 71
(For use of Local Registrar)

(2) Full Name of Child Liv. Robinson
(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Age <u>Yes</u> Through Marriage	(7) DATE OF BIRTH <u>June 11, 1923</u> (Name of Month) (Day) (Year)
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FATHER		MOTHER	
(8) FULL NAME <u>William Robinson</u>	(14) NAME BEFORE MARRIAGE <u>Rhoda Belton</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Blytheville</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Blytheville</u>
(10) COLOR OR RACE <u>W.C.</u>	(11) AGE AT LAST BIRTHDAY <u>31</u> (Years)	(16) COLOR OR RACE <u>W.C.</u>	(17) AGE AT LAST BIRTHDAY <u>30</u> (Years)
(12) BIRTHPLACE <u>Marion Co.</u>	(18) OCCUPATION <u>Farmer</u>	(19) BIRTHPLACE <u>Marion Co.</u>	(20) OCCUPATION <u>Housewife</u>
(21) Number of children born to mother, including present birth <u>7</u>	(22) Number of children of this mother now living, including present birth <u>6</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was Alive at 6 A.M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(24) (Signature) Carrie Williams
(25) State whether Physician or Midwife
(26) Address of Physician or Midwife
Blytheville

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

(28) Filed June 18, 1923 (29) W.A. McLean
Local Registrar

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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.

Form of Columbia, Columbia, S. C.