

(1) PLACE OF BIRTH

County of YorkTownship of York

Inc. Town of

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. 1704

No. for this registration

38720Registered No. 21

(For use of Local Registrar)

(2) Full Name of Child Arleia Robinson

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

(3) SEX OF CHILD <u>Boy</u>	(4) Twin or Triplet <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Was mother present <u>Yes</u>	(7) DATE OF BIRTH <u>Sept. 15, 23</u>
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FATHER		MOTHER	
(8) FULL NAME <u>Fletcher Robinson</u>	(9) NAME BEFORE MARRIAGE <u>Littie Bryant</u>	(10) FULL NAME <u>Arleia Robinson</u>	(11) NAME BEFORE MARRIAGE <u>Harleyville</u>

(12) PRESENT RESIDENCE OF FATHER <u>Harleyville S.C.</u>	(13) PRESENT RESIDENCE OF MOTHER <u>Harleyville</u>
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(14) COLOR OF FATHER <u>Black</u>	(15) AGE AT LAST BIRTHDAY <u>52</u>	(16) COLOR OF MOTHER <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>23</u>
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(18) BIRTHPLACE <u>South Carolina</u>	(19) BIRTHPLACE <u>S.C.</u>
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(20) OCCUPATION <u>Public Work</u>	(21) OCCUPATION <u>Housewife</u>
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(22) Number of children born to mother, including present birth <u>4</u>	(23) Number of children of this mother now living, including present birth <u>2</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(24) I hereby certify that I attended the birth of this child, who was Born alive on the date above stated. (Born alive or stillborn) (How A. M. or P. M.)(25) (Signature) Betty Mack(26) State whether Physician or Midwife Midwife(27) Address of Physician or Midwife Harleyville

Given name added from a supplemental report

(28) Witness

(Signature of Witness necessary only when question 28 is signed by mark)

(29) Filed Sept. 25, 23(30) Edith M. Kester

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