

(1) PLACE OF BIRTH

County of BarrowTownship of Wilmington

In. Town of

City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

10058

Registration District No. 513Registered No. 777

(For use of Local Registrar)

(No. Corley St. Ward)

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

(2) Full Name of Child Ulonga 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? No(7) DATE OF BIRTH April 22, 27

(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME William Robinson(9) PRESENT POSTOFFICE OF FATHER Wilmington SC(10) COLOR OR RACE Negro(11) AGE AT LAST BIRTHDAY 32

(Years)

(12) BIRTHPLACE SC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 3

MOTHER

(14) NAME BEFORE MARRIAGE William Corley(15) PRESENT POSTOFFICE OF MOTHER Wilmington SC(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 28

(Years)

(18) BIRTHPLACE SC(19) OCCUPATION Household Hand(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 P. M., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Mary E. Negus(24) State whether Physician or Midwife Midwife Address of Physician or Midwife Wilmington SC

When name added from a supplemental report

(26) Witness J. M. Johnson

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

(27) Filed April 27, 1927

(28)

J. M. Johnson 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.