

## (1) PLACE OF BIRTH

County of Charleston

Township of .....

or  
Inc. Town of .....or  
City of Charleston, S.C.

(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. 9A

File No.—For State Registrar Only

27374Registered No. ....  
(For use of Local Registrar)(No. 45 Washington St.; ..... Ward)(2) Full Name of Child Elizabeth Robbins

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

(3) BOY OR GIRL? G(4) Twin or Triplet? Y

To be answered only in case of Twin or Triplet

(5) Number in order of birth 1(6) Are Parents Married? Y(7) DATE OF BIRTH September 17, 1901  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME John J. Robbins(9) PRESENT POSTOFFICE OF FATHER Charleston, S.C.(10) COLOR OR RACE C(11) AGE AT LAST BIRTHDAY 32  
(Years)(12) BIRTHPLACE Charleston, S.C.(13) OCCUPATION Business(20) Number of children born to mother, including present birth 5

## MOTHER.

(14) NAME BEFORE MARRIAGE Elizabeth Robbins(15) PRESENT POSTOFFICE OF MOTHER Charleston, S.C.(16) COLOR OR RACE C(17) AGE AT LAST BIRTHDAY 32  
(Years)(18) BIRTHPLACE Charleston, S.C.(19) OCCUPATION Business(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 ..... M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Abbie J. Hines

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Charleston, S.C.

(Given name added from a supplemental report)

(26) Witness

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

(27) Filed 1901

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.