

(1) PLACE OF BIRTH

County of CalhounTownship of Fiveor
Inc. Town of Five Stor
City of St.

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

(2) Full Name of Child Lillian Robins

File No. — For State Registrar Only

10204

Registered No. 37
(For use of Local Registrar.)(3) BOY OR
GIRL(4) Twin
or Triplet?(5) Number in
order of birth
To be answered only in event of Twins or Triplets(6) Are
Parents
Married? yes(7) DATE OF
BIRTH April 15 1912
(Name of Month) (Day) (Year)

FATHER

(8) FULL
NAME Lillian Robins(9) PRESENT
POSTOFFICE
OF FATHER 7 miles S.E.(10) COLOR
OR
RACE Irish (11) AGE AT LAST
BIRTHDAY 45
(Years)(12) BIRTHPLACE
S.E.(13) OCCUPATION
Farmer(14) Number of children born to
mother, including present birth 1 6

MOTHER

(15) NAME BEFORE
MARRIAGE Mary Robins(16) PRESENT
POSTOFFICE
OF MOTHER 7 1/2 miles S.E.(17) COLOR
OR
RACE Negro (18) AGE AT LAST
BIRTHDAY 40
(Years)(19) BIRTHPLACE
S.E.(20) OCCUPATION
Wife(21) Number of children of this mother
now living, including present birth 1 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
7 1/2 miles S.E.Given name added from a supplement-
tal report

(26) Witness

Mrs. J. D. Stordennise(Signature of Witness necessary only
when question 23 is signed by mark)

(27) Filed

Apr 15 1912

(28)

J. D. Stordennise
Local RegistrarWhen 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.