

Form No. 10.

MARRIAGE RESERVED FOR PRINTING.

WRITE PLAINLY, WITH LEADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.

(1) PLACE OF BIRTH
County of Spartanburg
Township of
or
Inc. Town of
or
City of Spartanburg
(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

File No.—For State Registrar Only
66138

Registration District No. 40-a Registered No. 226
(For use of Local Registrar)
(No. 147 Forly av 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 Robinson } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? (5) Number in order of birth 9 (6) Are Parents Married? yes (7) DATE OF BIRTH June, 23, 1916
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Julius Robinson
(9) PRESENT POSTOFFICE OF FATHER Spartanburg S.C.
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 42 (Years)
(12) BIRTHPLACE North Carolina
(13) OCCUPATION Textile Mill
(20) Number of children born to mother, including present birth 9

MOTHER.
(14) NAME BEFORE MARRIAGE Laura Miller
(15) PRESENT POSTOFFICE OF MOTHER Spartanburg S.C.
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 37 (Years)
(18) BIRTHPLACE S.C.
(19) OCCUPATION at Home
(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (Hour A. M. or P. M.) 8 P.

(23) (Signature) R. F. Ke

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Phys Spartanburg S.C.

Given name added from a supplemental report
....., 191.....
Registrar

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

(27) Filed July 1, 1916 (28) Jas Cooper Local Registrar

*When there was no attending physician or midwife, then the father, household, 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.

fifth month of pregnancy.