

## PLACE OF BIRTH

City of Union  
 County of Union  
 or  
 Town of Union

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only  
**37914**

Registration District No. 4207 Registered No. 108  
 (For use of Local Registrar)

(No. .... St. .... Ward)  
 of (If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 Full Name of Child Matthias Robinson If child is not yet named, make supplemental report as directed

(1) Sex Male (2) Number in order of birth 4 (3) Are parents married yes (4) DATE OF BIRTH 11-11-23  
 (Name of Month) (Day) (Year)

FATHER. (14) NAME BEFORE MARRIAGE Chas. D. Robinson (15) PRESENT POSTOFFICE OF MOTHER Union S.C.  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 38  
 (18) BIRTHPLACE Union Co S.C. (19) OCCUPATION carpenter  
 (20) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 11 M., on the date above stated. (Hour M. or P. M.)

(21) (Signature) J. H. McEwen (22) Address of Physician or Midwife Union S.C.  
 (23) State whether Physician or Midwife

name added from a supplemental report

(24) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
 (25) Filed 11 20 23 Local Registrar

If 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.

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