

PLACE OF BIRTH

City 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)

or
 of (No. St. Ward)
 (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

Sex Male (a) Yes (b) 43 (c) 11-11-23
 To be answered only in event of Twin or Triplet BIRTH (Name of Month) (Day) (Year)

FATHER.
 (14) NAME BEFORE MARRIAGE Chas. J. Robinson

(15) PRESENT POSTOFFICE OF FATHER Union S.C.

(16) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 43 (Year)

(18) BIRTHPLACE Union Co S.C.

(19) OCCUPATION Book Binder

(20) Number of children born to mother, including present birth 4

MOTHER.
 (14) NAME BEFORE MARRIAGE Wesley Pickens

(15) PRESENT POSTOFFICE OF MOTHER Union S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 38 (Year)

(18) BIRTHPLACE Union Co S.C.

(19) OCCUPATION Housewife

(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 at 11 P. M.,
 on the date above stated. (Born alive yes) (Hour M. or P. M.)

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

When name added from a supplemental report

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

(27) 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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