

WITH PLAINLY. WITH UNFADING 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 8.

(1) PLACE OF BIRTH Charleston STATE OF SOUTH CAROLINA. 48393
County of Charleston Bureau of Vital Statistics
Township of Jas Island State Board of Health
or
Inc. Town of Registration District No. 904 Registered No. 6
(For use of Local Registrar)
or
City of (No.) (St.;) (Ward;)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)
If child is not yet named, make supplemental report as directed

(2) Full Name of Child. Sister Gardner Robinson
(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 2 (6) Are Parents Married? No (7) DATE OF BIRTH Jan 24th 1916
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Med Gardiner
(9) PRESENT POSTOFFICE OF FATHER Charleston RFD
(10) COLOR OR RACE B (11) AGE AT LAST BIRTHDAY 33 (Years)
(12) BIRTHPLACE Jas Island
(13) OCCUPATION Tar hand
(20) Number of children born to mother, including present birth 6

MOTHER.
(14) NAME BEFORE MARRIAGE Harriet Robinson
(15) PRESENT POSTOFFICE OF MOTHER Charleston RFD
(16) COLOR OR RACE B (17) AGE AT LAST BIRTHDAY 27 (Years)
(18) BIRTHPLACE St Pleasant
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
(22) I hereby certify that I attended the birth of this child, who was White at 9 P. M.,
on the date above stated. (Born alive or stillborn) (Hour M. or P. M.)
(23) (Signature) H. M. Parker, Jr.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report 1st....
..... Registrar
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 2/14/1916 (28) Geo R. Seabrook Local 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.
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