

(1) PLACE OF BIRTH

County of CalhounTownship of Carveror
Inc. Town ofor
City of

(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

41145

Registration District No. 801 Registered No. 119
(For use of Local Registrar)(2) Full Name of Child Sadie Robinson (If child is not yet named, make supplemental report as directed)3) BOY OR GIRL girl 4) Twin or Triplet? No 5) Number in order of birth 3 6) Are Parents Married? Yes 7) DATE OF BIRTH Dec 24 22
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Geo. Robinson9) PRESENT POSTOFFICE OF FATHER St. Matthews10) COLOR OR RACE Negro 11) AGE AT LAST BIRTHDAY 21
(Years)12) BIRTHPLACE S.C.13) OCCUPATION Farm hand20) Number of children born to mother, including present birth 3

MOTHER.

14) NAME BEFORE MARRIAGE Bell Green15) PRESENT POSTOFFICE OF MOTHER St. Matthews16) COLOR OR RACE Negro 17) AGE AT LAST BIRTHDAY 20
(Years)18) BIRTHPLACE S.C.19) OCCUPATION Farm hand21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 11 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary E. Coffey (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Dec 31 1922 (28) J. H. Thompson 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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N. B.—In case of TWIN or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

MEDICAL DEPARTMENT, COLUMBIA, S. C.