

FORM NO. 1.

## (1) PLACE OF BIRTH

County of Georgetown  
Township of # 5or  
Inc. Town ofor  
City of(No. .... 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 Ethel Bridges { 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 (6) Are Parents Married? no (7) DATE OF BIRTH Dec 5, 1916  
(Name of Month) (Day) (Year)FATHER.  
(8) FULL NAME George Robinson  
(9) PRESENT POSTOFFICE OF FATHER Rhums S.C.  
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY (Years)  
(12) BIRTHPLACE Portfoot, S.C.  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth { 3MOTHER.  
(14) NAME BEFORE MARRIAGE Mancy Rodgers  
(15) PRESENT POSTOFFICE OF MOTHER Rhums S.C.  
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY (Years) 25  
(18) BIRTHPLACE Portfoot, S.C.  
(19) OCCUPATION Domestic laborer  
(21) Number of children of this mother now living, including present birth { 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 5 P. M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Penelope Rodgers  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Midwife Rhums S.C.

Given name added from a supplemental report

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Registrar

(26) Witness G. W. Williams  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Jan 5, 1917 (28) G. L. Ellis 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.

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.

McGraw, of Columbia

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

89957