

MARGIN RESERVED FOR BINDING.
WRITE 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 5.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Charleston</u>		STATE OF SOUTH CAROLINA.		80641	
Township of <u>Edisto Isd</u>		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of		Registration District No. <u>902</u>		Registered No. <u>189</u>	
or				(For use of Local Registrar)	
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. <u>Julia Robinson</u>				If child is not yet named, make supplemental report as directed	
(3) Sex of Child? <u>Girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Age of Parents <u>Married</u>	(7) DATE OF BIRTH <u>Oct 18 1906</u>	
				(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>Robt Robinson</u>			(14) NAME BEFORE MARRIAGE <u>Pauline M. Blair</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Edisto Isd.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Same</u>		
(10) COLOR OR RACE <u>Col.</u>	(11) AGE AT LAST BIRTHDAY <u>27</u>	(16) COLOR OR RACE <u>Col</u>		(17) AGE AT LAST BIRTHDAY <u>31</u>	
				(Years)	
(12) BIRTHPLACE <u>Char. Co</u>			(18) BIRTHPLACE <u>Same</u>		
(13) OCCUPATION <u>Same</u>			(19) OCCUPATION <u>Same</u>		
(20) Number of children born to mother, including present birth <u>8</u>			(21) Number of children of this mother now living, including present birth <u>6</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>2 A.M.</u> (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.					
(23) (Signature) <u>Mrs. Susan P. Brown</u>					
(24) State whether Physician or Midwife <u>Midwife</u> (25) Address of Physician or Midwife <u>Same</u>					
Given name added from a supplemental report _____ 191 _____			(26) Witness (Signature of Witness necessary only when question 23 is signed by mar.) <u>J. O. Lee</u>		
Registrar _____			(27) Filed <u>Oct 21 1906</u> (28) <u>J. O. Lee</u> Local Registrar		

*When there was no attending physician or midwife, then the father, householder, etc., should make the 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.