

MARGIN RESERVED FOR BINDING.

WHITE PLAINS, WITH LEADING INK—THIS IS A PERMANENT RECORD
N. H.—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 6.

(1) PLACE OF BIRTH
County of York
Township of Bethesda
or
Inc. Town of.....
or
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

Registration District No. 4401 Registered No. 43
(For use of Local Registrar)

(2) Full Name of Child Loesa Robbins (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** 10 **(6) Are Parents Married?** No **(7) DATE OF BIRTH** May 5, 1922
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME not reported
(9) PRESENT POSTOFFICE OF FATHER not reported
(10) COLOR OR RACE not reported **(11) AGE AT LAST BIRTHDAY** (Years) not reported
(12) BIRTHPLACE not reported
(13) OCCUPATION not reported

MOTHER.
(14) NAME BEFORE MARRIAGE Nessa Robbins
(15) PRESENT POSTOFFICE OF MOTHER not reported
(16) COLOR OR RACE not reported **(17) AGE AT LAST BIRTHDAY** (Years) not reported
(18) BIRTHPLACE not reported
(19) OCCUPATION house + field work

(20) Number of children born to mother, including present birth 2 **(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 born at 8:15 A.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) Ellen Carter
(24) State whether Physician or Midwife Midwife **(25) Address of Physician or Midwife** One to the other

Given name added from a supplemental report.....
....., 19.....
..... Registrar

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

(27) Filed June 13, 1922 2:28 S. H. [Signature]
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.

Model of Columbia, Columbia, S. C.