

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.

MOHAM OF COLUMBIA, COLUMBIA, S. C.

## (1) PLACE OF BIRTH

County of Pickens

Township of .....

or  
Inc. Town of .....or  
City of Eastly, S.C.

(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

19778

Registration District No. 37-2Registered No. 84  
(For use of Local Registrar)

(No. .... St.; ..... Ward)

## (2) Full Name of Child

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

1

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

June 10, 1977  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Ben Robinson

(9) PRESENT POSTOFFICE OF FATHER

Eastly S.C.

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

40  
(Years)

(12) BIRTHPLACE

Pickens Co S.C.

(13) OCCUPATION

Laborer

(20) Number of children born to mother, including present birth

9

## MOTHER.

(14) NAME BEFORE MARRIAGE

Queen Brown

(15) PRESENT POSTOFFICE OF MOTHER

Eastly S.C.

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

32  
(Years)

(18) BIRTHPLACE

Pickens Co S.C.

(19) OCCUPATION

Laborer

(21) Number of children of this mother now living, including present birth

5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Allen at 3:45 P.M. on the date above stated.  
(Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature)

(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 July 1, 1977(28) 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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