

Form No. 1

## (1) PLACE OF BIRTH

County of Lainens  
 Township of Hamlet  
 or  
 Inc. Town of.....  
 or  
 City of.....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

21659

Registration District No. 2902 Registered No. 59  
 (For use of Local Registrar)

(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 Lee Robin If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet ..... (5) Number in order of birth ..... (6) Are Parents Married Yes (7) DATE OF BIRTH July 23, 23  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Henry Robin  
 (9) PRESENT POSTOFFICE OF FATHER Clinton S.C.  
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 38  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Iron laborer  
 (14) Number of children born to mother, including present birth 10

## MOTHER.

(14) NAME BEFORE MARRIAGE Lula Glenn  
 (15) PRESENT POSTOFFICE OF MOTHER Clinton S.C.  
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 31  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION Farmer  
 (20) Number of children of this mother now living, including present birth 10

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 4 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Ella X Golden(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Clinton S.C.

Given name added from a supplemental report

(26) Witness J. L. W. Bailey

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

(27) Filed July 30, 23(28) J. L. W. Bailey(29) Sub. Local Registrar

\*When there was no attending physician or midwife, 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.

W. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD. See question 1.  
 FIRST-BORN. No. 1. THE OTHER, No. 2, etc. In question 1.

Sec. 20, COLUMBIA, COLUMBIA, S. C.