

(1) PLACE OF BIRTH

County of

Township of

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

File No.—For State Registrar Only

43187

Registration District No.

Registered No.

(For use of Local Registrar)

(2) Full Name of Child

Helen May Robinson

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

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Mar 15 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Leroy Gastelle Robinson

(9) PRESENT POSTOFFICE OF FATHER

Lancaster S.C.

(10) COLOR OR RACE

W

(11) AGE AT LAST BIRTHDAY

32
(Years)

(12) BIRTHPLACE

Lancaster Co S.C.

(13) OCCUPATION

Mill operator

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

Four

MOTHER.

(14) NAME BEFORE MARRIAGE

Carrie Gardner

(15) PRESENT POSTOFFICE OF MOTHER

Lancaster S.C.

(16) COLOR OR RACE

W

(17) AGE AT LAST BIRTHDAY

28
(Years)

(18) BIRTHPLACE

Lancaster Co S.C.

(19) OCCUPATION

Housewife

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

Five

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was...
on the date above stated.

(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

12.1.2

1922

(28)

Local Registrar.

*When there was no attending physician or midwife, then the father, household, 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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