

FORM NO. 2.

(1) PLACE OF BIRTH

County of UnionTownship of UnionInc. Town of S.C.City of 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

66504

Registration District No. 4-2-2 Registered No. 2-4

(For use of Local Registrar)

(2) Full Name of Child Lucinda Robinson 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 1 1906 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Robertson(9) PRESENT POSTOFFICE OF FATHER Union S.C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 22 (Years)(12) BIRTHPLACE Union S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Gregory(15) PRESENT POSTOFFICE OF MOTHER Sedalia S.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 18 (Years)(18) BIRTHPLACE Union S.C.(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at Union S.C. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lucinda Robinson(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Sedalia S.C.

Given name added from a supplemental report

(26) Witness Lucinda Robinson

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

(27) Filed 191 (28) Dr. Massey 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.

MARGIN RESERVED FOR BINDING. WHITE 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 8.