

Form No. 1.

(1) PLACE OF BIRTH

County of DetamoursTownship of Woodruff

Inc. Town of

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

53862

Registration District No. 4009 Registered No. 28

(For use of Local Registrar)

(2) Full Name of Child King Solomon Robo { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Mar. 11</u> <u>1916</u>
				(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Samuel Robo(9) PRESENT POSTOFFICE OF FATHER Woodruff S.C.(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 23 (Years)(12) BIRTHPLACE Lawrence Co.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Minnie Shelton(15) PRESENT POSTOFFICE OF MOTHER Woodruff S.C.(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE Union Co(19) OCCUPATION House Keeper(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 alive at 11 30 P M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Charities Shelton(24) State whether Physician or Midwife (25) Address of Physician or Midwife Woodruff S.C.

Given name added from a supplemental report

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

(27) Filed Mar. 15 1916 (28) Chas L Bayler 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.

STATION RECEIVED FOR BIRTHS
 WITH INK-READING INK—THIS IS A PERMANENT RECORD.
 N. E.—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.
 McCaw, of Columbia