

Form No. 1

(1) PLACE OF BIRTH
Sunter

County of

Township of ..**Privateer**....

or
In 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

Registration District No. **4104**...

No. **33984**

Registered No. **95**
(For use of Local Registrar)

(2) Full Name of Child **James Robin**

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

(a) SEX **Girl** (b) Race **colored** (c) Marital status **yes** (d) Date of birth **June 23, 1923**

FATHER.
(1) Name **Julian Robin**
(2) Residence **Orangeburg, S.C.**
(3) Age **Colored** **29**
(4) Occupation **farmer**
(5) Number of children born to mother, including present birth **Eight**

MOTHER.
(1) Name **Janie Thomas**
(2) Residence **Sunter, S.C.**
(3) Age **colored** **29**
(4) Occupation **Housewife**
(5) Number of children of this mother now living, including present birth **Six**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(1) I hereby certify that I attended the birth of this child, who was **alive** at **7:20 O'clock** on the date above stated. (Sign alive or stillborn) (Hour A. M. or P. M.)

(2) (Signature) **Agnes Anderson**
(3) State whether Physician or Midwife **Midwife** (4) Address of Physician or Midwife **Sunter, S.C.**

Give name added from a supplemental report

(5) Witness (Signature of Witness necessary only when question 2 is signed "stillborn")

(6) Filed **1923** (7) 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.