

(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

79329

Registration District No. 4008

Registered No. 661

(For use of Local Registrar)

St. Ward

(No. ————)

(2) Full Name of Child

(3) SEX OF CHILD

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married

(7) DATE OF BIRTH Aug. 16 1916

(Name of Month) (Day) (Year)

MOTHER.

(8) FULL NAME

Sam Robinson

(9) PRESENT POSTOFFICE OF FATHER

Spartanburg S.C.

(10) COLOR OR RACE

C

(11) AGE AT LAST BIRTHDAY

38

(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

Spartanburg S.C.

(16) COLOR OR RACE

C

(17) AGE AT LAST BIRTHDAY

32

(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

House wife

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

2

(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 (Born alive or stillborn) at (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

(26) Given name added from a supplemental report

1916

Registrar

(26) Witness

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

(27) Filed

1916

(28)

(29)

(30)

(31)

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(48)

(49)

(50)

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.

fifth month of pregnancy