

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 2. Mother or children, COLUMBIA S. C.

(1) PLACE OF BIRTH

County of York
Township of Cheney
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

2761

Registration District No. 4404

Registered No. 0
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Sam Robinson

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 25 22
(Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME William Robinson (14) NAME BEFORE MARRIAGE Elain Robinson

(9) PRESENT POSTOFFICE OF FATHER Rose Hill (15) PRESENT POSTOFFICE OF MOTHER Rose Hill S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 29 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 25
(Year) (Year)

(12) BIRTHPLACE S.C. (18) BIRTHPLACE S.C.

(13) OCCUPATION Farm work (19) OCCUPATION Farm work

(20) Number of children born to mother, including present birth 4 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was 12 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Elain Humphreys (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 21 is signed by mark)

(27) Filed 1/30/22 (28) 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.