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U. S. Dept. of Commerce  
Bureau of the Census

16 092901

1. PLACE OF BIRTH

County of Aiken  
Township of Langley  
or  
Inc. Town of.....  
or  
City of.....

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 217

FILE No.—For State Registrar Only

02-34

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

(No.....St.;.....Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number)

2. FULL NAME OF CHILD James Robinson { If child is not yet named, make supplemental report as directed.

3. Boy or If Plural { 4. Twin, triplet or other..... 6. Premature..... 7. Are Parents 8. Date of  
births { 5. Number, in order of birth..... Full term..... Married?..... birth.....  
Boy { 2 { NO { YES { Nov. 10 1916  
(Month, day, year)

9. Full name FATHER Rueben Robinson 18. Name before MOTHER  
marriage Mamie Nicholson

10. Residence (mailing address) S.C. Langley 19. Residence (mailing address) S.C. Langley  
(If non-resident, give place and State)

11. Color or race NEGRO 12. Age at child's birth.....37.....(years) 20. Color or race Negro 21. Age at child's birth.....35.....(years)

13. Birthplace (city or place) South Carolina 22. Birthplace (city or place) South Carolina  
(State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work done, as silk mill, sawmill, bank, etc. 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

16. Date (month and year) last engaged in this work 17. Total time (years) spent in this work..... 19..... 25. Date (month and year) last engaged in this work 26. Total time (years) spent in this work..... 19.....

27. Number of children of this mother 2  
(At time of birth and including this child (a) Born alive and now living.....2..... (b) Born alive but now dead.....0 (c) Stillborn.....

28. If stillborn, { months 29. Cause of stillbirth..... Before labor.....  
period of gestation..... { weeks { During labor.....

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at.....m. on the date above stated.  
(Born alive or stillborn)

{ When there was no attending physician  
or midwife, then the father, householder,  
etc., should make this return.

Given name added from  
a supplementary report.....  
(Date of)

(Signed)....., Parent  
or Vina P. Lesesne, Guardian  
Address P.O. Warrsville S.C.

Filed 11-18....., 1916. Thos. P. Lesesne  
Registrar.

Registrar.

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.  
(See instructions on Back of Certificate.)