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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

Registered No. _____
(For use of Local Registrar)

2. FULL NAME OF CHILD James Robinson

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

3. Boy or Boy If Plural births 2 4. Twin, triplet or other _____ 5. Number, in order of birth 2 6. Premature _____ Full term YES 7. Are Parents Married? YES 8. Date of birth Nov. 10 19 16
(Month, day, year)

9. Full name FATHER
Rueben Robinson

18. Name before marriage MOTHER
Mamie Nicholson

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

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

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)
(State or country) South Carolina

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

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 _____

25. Date (month and year) last
engaged in this work _____

17. Total time (years)
spent in this work _____

26. Total time (years)
spent in this work _____

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 _____
period of gestation _____ weeks Before labor _____
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. P. P., Guardian

Address P.O. Box 1000, Greenville, 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.)