

MARGIN RESERVED FOR BINDING.  
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 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 5.

(1) PLACE OF BIRTH

County of Greenwood  
 Township of Brooklet  
 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

18922

Registration District No. 2.3.0.1 Registered No. .... 16....  
 (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 Fred Robinson If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>boy</u>	(4) Twin or Triplet? <u>To be answered only in event of Twins or Triplets</u>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 14 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Daniel Robinson

(9) PRESENT POSTOFFICE OF FATHER Asheville N.C.

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 21....  
(Years)

(12) BIRTHPLACE Greenwood Co.

(13) OCCUPATION Shiner

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

MOTHER.

(14) NAME BEFORE MARRIAGE Maggie Dean

(15) PRESENT POSTOFFICE OF MOTHER Epworth S.C.

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 20....  
(Years)

(18) BIRTHPLACE Greenwood Co.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth {.....}

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 4 A.M. on the date above stated.  
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Anne Andrews  
 (24) State whether Physician or Midwife Midwife (25) Address of Physl. or Midwife Epworth, S.C.

Given name added from a supplemental report

(26) Witness .....  
 (Signature of Witness necessary only when question 23 is signed by mark)

..... 19 .....

(27) Filed June 18 1922 A.P. King  
 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.