

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of ShenandoahSTATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthFile No. - For State Registrar's Use
17328

Township of

or
Inc. Town ofRegistration District No. 1.3.2 Registered No. 467
(For use of Local Registrar)City of Shenandoah (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 Julia Robinson (If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL girl (4) Twin or Triplet - (5) Number in order of birth - (6) Age Person Married yes (7) DATE OF BIRTH June 14, 1933
(Date of Month) (Day) (Year)

FATHER.

(8) FULL NAME Cully Robinson(9) PRESENT POSTOFFICE OF FATHER Shenandoah D.C.(10) COLOR OR RACE col. (11) AGE AT LAST BIRTHDAY 34
(Year)(12) BIRTHPLACE D.C.(13) OCCUPATION Barber(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Lena Morgan(15) PRESENT POSTOFFICE OF MOTHER Shenandoah(16) COLOR OR RACE col. (17) AGE AT LAST BIRTHDAY 32
(Year)(18) BIRTHPLACE D.C.(19) OCCUPATION at-home(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Shenandoah at 2 P.M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) [Signature]

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife Shenandoah D.C.

Given name added from a supplemental report

(25) Witness

(Signature of Witness necessary only when question 22 is signed by mother)

(26) Filed July 1, 1933

(27)

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.