

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 Greenville, S. C.

Township of

or

Inc. Town of

or

City of Greenville, S. C.

(No. 520 Clowen St. St.; 2 Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Horace Lee Robison

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

(3) BOY OR GIRL Boy (4) Twin or Triplet To be answered only in case of Twin or Triplet (5) Number in order of birth (6) Are Parents Married Yes (7) DATE OF BIRTH Oct. 1st 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Henry Robison

(9) PRESENT POSTOFFICE OF FATHER Easley, S. C.

(10) COLOR OR RACE Col. (11) AGE AT LAST BIRTHDAY 21
(Year)

(12) BIRTHPLACE Anderson, S. C.

(13) OCCUPATION Farming

(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Willie McPee

(15) PRESENT POSTOFFICE OF MOTHER Easley, S. C.

(16) COLOR OR RACE Col. (17) AGE AT LAST BIRTHDAY 19
(Year)

(18) BIRTHPLACE Anderson, S. C.

(19) OCCUPATION Housework

(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive on the date above stated. (Born alive or stillborn) (Boy or Girl)

(23) (Signature) Lizzie Campbell

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife 1095 E. North

Given name added from a supplemental report

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

(27) Filed Oct 2 22 (28) C. E. Smith 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.

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

No. 34527

Registration District No. 22A Registered No. 496
(For use of Local Registrar)