

Form No. 1

(1) PLACE OF BIRTH

County of AbbevilleTownship of Dorchester

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

 No. 30090
 For State Register Use
Registration District No. 105 Registered No. 63

(For use of Local Registrar)

(2) Full Name of Child Maria Julia Robinson If child is not yet named, make supplemental report as directed
 (3) Sex Female (4) Age at birth 3 (5) Age at last birthday 23 (6) Date of birth Oct 23 1923
 To be answered only in case of Twins or Triplets

FATHER

(1) NAME BEFORE MARRIAGE Timothy Robinson(2) PRESENT NAME OF FATHER Dorados(3) COLOR Black (4) AGE AT LAST BIRTHDAY 30 (5) DATE AT LAST BIRTHDAY 26(6) BIRTHPLACE Waverly County(7) OCCUPATION Farmer(8) Number of children born to mother, including present birth 1

MOTHER

(1) NAME BEFORE MARRIAGE Jarah Ann Sturkey(2) PRESENT NAME OF MOTHER Dorados(3) COLOR Black (4) AGE AT LAST BIRTHDAY 26(5) BIRTHPLACE Macon Georgia(6) OCCUPATION House wife(7) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(9) I hereby certify that I attended the birth of this child, who was Alive on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(10) (Signature) Alvin Calhoun

(11) Name of Physician or Midwife

(12) Address of Physician or Midwife

Dorados

When there are other persons who should be named, give names and addresses

(13) Signature of Witness necessary only when question 12 is signed by mark

Alvin Calhoun

When there are other persons who should be named, give names and addresses