(1) PLACE OF BIRTH

County of Chesterfield

Township of Old Stem

or

Inc. Town of .....

or

City of ..... (No. ..... St.; ..... Ward)

(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

File No.—For State Registrar Only

817

Registration District No. 1206 Registered No. 5

(For use of Local Registrar)

(2) Full Name of Child Dolus Robinson

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

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
Boy	4	To be answered only in event of Twins or Triplets	No	June 30, 1922 (Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME	Peat Funderburk	(14) NAME BEFORE MARRIAGE	Early Robinson
(9) PRESENT POSTOFFICE OF FATHER	Pageland S.C.	(15) PRESENT POSTOFFICE OF MOTHER	Pageland S.C.
(10) COLOR OR RACE	C	(11) AGE AT LAST BIRTHDAY 21 (Years)	(16) COLOR OR RACE C	(17) AGE AT LAST BIRTHDAY 24 (Years)
(12) BIRTHPLACE	S.C.		(18) BIRTHPLACE S.C.	
(13) OCCUPATION	Farmer		(19) OCCUPATION Farmer	
(20) Number of children born to mother, including present birth	3		(21) Number of children of this mother now living, including present birth	2

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) Sallie Blakey

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife S.C. Pageland

Given name added from a supplemental report

..... 19 .....

Registrar

(26) Witness .....

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

(27) Filed 1/30 1922 (28) L. L. Funderburk Jr.

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.

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.

McCow of Columbia, Columbia, S. C.