

(1) PLACE OF BIRTH

County of RichlandTownship of Richlandor
Inc. Town ofor
City of Columbia SC

(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

2341

Registration District No. 38 Registered No. 1040

(For use of Local Registrar)

(2) Full Name of Child Willie Robinson (If child is not yet named, make supplemental report as directed)

3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>one</u>	(5) Number in order of birth <u>one</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>January 18 1922</u> (Month) (Day) (Year)
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FATHER.

(8) FULL NAME James Walter Robinson(9) PRESENT POSTOFFICE OF FATHER Columbia SC(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 27 (Year)(12) BIRTHPLACE Columbia SC(13) OCCUPATION City hand(20) Number of children born to mother, including present birth Four 4

MOTHER.

(14) NAME BEFORE MARRIAGE Nancy Madison(15) PRESENT POSTOFFICE OF MOTHER Columbia SC(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 26 (Year)(18) BIRTHPLACE Winnsboro SC(19) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth Three 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 10:30 AM on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Willie Robinson(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife 7 Winnsboro Ally.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is answered "stillborn")

(27) Filed 1-27 1922 (28) 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.