

Form No. 1

## (1) PLACE OF BIRTH

County of Charleston  
 Township of James  
 or McClure  
 Inc. Town of .....  
 or .....  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

41387

Registration District No. 906 Registered No. 196  
 (For use of Local Registrar)

City of ..... (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 Robin Dottery If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 5 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 25 1922  
 (Name of Month) (Day) (Year)

FATHER  
 (8) FULL NAME Willie Dottery  
 (9) PRESENT POSTOFFICE OF FATHER Andrews  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 35 (Years)  
 (12) BIRTHPLACE Charleston Co  
 (13) OCCUPATION Day Laborer  
 (20) Number of children born to mother, including present birth 5

MOTHER  
 (14) NAME BEFORE MARRIAGE Willie Cash  
 (15) PRESENT POSTOFFICE OF MOTHER Andrews  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 29 (Years)  
 (18) BIRTHPLACE Charleston Co  
 (19) OCCUPATION Farm Laborer  
 (21) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) Phoby Brown(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Andrews

Given name added from a supplemental report

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec 29 1922 (28) Geo E Becken 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.

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.

RECAP OF COLUMBIA, COLUMBIA, S. C.