

(1) PLACE OF BIRTH

County of Greenville

Township of .....

Incl. Town of .....

City of Greenville

(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

42575

Registration District No. 22A Registered No. 626

(For use of Local Registrar)

City of Greenville (No. City Hospital St. Fifth Ward)

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

(2) Full Name of Child Evelyn Francis Robinson If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec. 15th 22

(Name of Month) (Day) (Year)

## FATHER.

(7) FULL NAME Wycliffe Robinson(8) PRESENT POSTOFFICE OF FATHER 699 Rowley Street(9) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22 (Years)(12) BIRTHPLACE Pickens Co. S.C.(13) OCCUPATION Cashier-S.P.U. Company(20) Number of children born to mother, including present birth One

## MOTHER.

(14) NAME BEFORE MARRIAGE Georgia Potest(15) PRESENT POSTOFFICE OF MOTHER Dity(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE Charleston S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth One

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 11:00 M., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) W. M. Smith(24) State whether Physician or Midwife physician (25) Address of Physician or Midwife Greenville

Given name added from a supplemental report

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

(27) Filed Dec. 26, 22 (28) C. E. Smith Local Registrar

Then 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.

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