

Form No. 1

(1) PLACE OF BIRTH
County of Mecklenburg **CERTIFICATE OF BIRTH**
Township of Bayouville STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No. — For State Registrar Only
79574

Inc. Town of Registration District No. 4201 Registered No. 30
(For use of Local Registrar)
City of (No. of House 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 Murdell Robinson If child is not yet named, make supplemental report as directed.

(3) BOY OR GIRL? girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 7, 1916
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Jess Robinson
(9) PRESENT POSTOFFICE OF FATHER Pacolet S.C.
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 40
(12) BIRTHPLACE Union Co. S.C.
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth 8

MOTHER.
(14) NAME BEFORE MARRIAGE Dora Gist
(15) PRESENT POSTOFFICE OF MOTHER Pacolet
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 31
(18) BIRTHPLACE Union Co. S.C.
(19) OCCUPATION House wife
(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive 3 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mullee Davis
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Pauline R 2

Given name added from a supplemental report
....., 191.....
..... Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark.)
(27) Filed Sept 8, 1916 (28) J. Hazel Laureate 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.

*In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark as FIRST-BORN No. 1, THE OTHER, No. 2, etc., in question 1.