

Form No. 1

(1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

County of Monroe STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 Township of Bayouville State Board of Health

File No. — For State Registrar Only

79574

Inc. Town of ..... Registration District No. 4201 Registered No. 30  
 or  
 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 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 event 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  
 (Years)

(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 Sara Gist  
 (15) PRESENT POSTOFFICE OF MOTHER Pacolet

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 31  
 (Years)

(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 white 3 P. M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mullie Davis

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Wid wife 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) Harold Lancaster 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 "1" FIRST-BORN, "2" THE OTHER, "3" ETC., in question 5.  
 City of Columbia