

## (1) PLACE OF BIRTH

County of Mecklenburg  
 Township of Rock Hill  
 or  
 Inc. Town of Rock Hill  
 or  
 City of Rock Hill

## CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

11656

Registration District No. 476.1 Registered No. 411  
 (For use of Local Registrar)

(No. 1000) (If child is not yet named, make supplemental report as directed)

(2) Full Name of Child Catalina Robinson

(3) SEX OF CHILD Female (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Age Parents Married 41.5 (7) DATE OF BIRTH May 10, 1922  
 (Name of Month) (Day) (Year) Source

## FATHER

(8) FULL NAME John Robinson

(9) RESIDENT POSTOFFICE OF FATHER Rock Hill S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26  
 (Years)

(12) BIRTHPLACE Rock Hill S.C.

(13) OCCUPATION

## MOTHER

(14) NAME BEFORE MARRIAGE Lillian Hayes

(15) PRESENT POSTOFFICE OF MOTHER Rock Hill S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 18  
 (Years)

(18) BIRTHPLACE Rock Hill S.C.

(19) OCCUPATION

(20) Number of children born to mother, including present birth 2 (21) Number of children of this mother now living, including present birth 2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 7 A.M. on the date above stated. (Born alive or stillborn). (Hour A. M. or P. M.)

(23) (Signature) Diana Mills (24) STATE WHETHER PHYSICIAN OR MIDWIFE Midwife (25) Address of Physician or Midwife

Given name, maiden (from an appropriate) report.

Was there a moonstand (the physician or midwife should make this report if desired or otherwise)