

(1) PLACE OF BIRTH

County of Mecklenburg
Township of Brownsville
or
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
43748

Registration District No. 3203 Registered No. 71
(For use of Local Registrar)
(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 John Robinson If child is not yet named, make supplemental report as directed

(3) Boy OR (4) Twin or Triplet? (5) Number in order of birth 7 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec 11 1922
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Pat Robinson
(9) PRESENT POSTOFFICE OF FATHER Brownsville
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 70 (Year)
(12) BIRTHPLACE Dorchester Co
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Judy Small
(15) PRESENT POSTOFFICE OF MOTHER Brownsville
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 3 (Year)
(18) BIRTHPLACE Dorchester Co
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 2:00 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) Eugene Semmes
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
.....
.....
..... 19.....
..... Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Dec 23 1922 (28) W. D. Boyd 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.

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IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MAKE THE FIRST-BORN, No. 1. THIS OFFICE, No. 2, etc., in question 5.

DEPARTMENT OF COLUMBIA, COLUMBIA, S. C.

MECAL