

## (1) PLACE OF BIRTH

County of Spartanburg  
 Township of Chas. Wickor  
 or  
 Inc. Town of .....  
 or  
 City of Euclid S.C.

## CERTIFICATE OF BIRTH

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

File No. For State Registrar Only

32270

Registration District No. 4003 Registered No. 91  
 (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 Ray Robinson (If child is not yet named, make supplemental report as directed)

3) BOY OR GIRL Boy 4) Twin or Triplet? No 5) Number in order of birth 15 6) Are Parents Married? Yes 7) DATE OF BIRTH Sept 6 1911  
 (Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME William R Robinson9) PRESENT POSTOFFICE OF FATHER Euclid S.C.10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 48 (Years)12) BIRTH-PLACE Spartanburg Co.13) OCCUPATION Night Watchman20) Number of children born to mother, including present birth 15

## MOTHER.

14) NAME BEFORE MARRIAGE Edna Moore15) PRESENT POSTOFFICE OF MOTHER Euclid S.C.16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 42 (Years)18) BIRTH-PLACE Spartanburg Co.19) OCCUPATION House Keeper21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 4:50 P. M., on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) L. H. Foley M.D.

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

Given name added from a supplemental report

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

(27) Filed Sept 7 1911 (28) C. D. Hanna 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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