

(1) PLACE OF BIRTH

County of Florence
 Township of Carr

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
52144

Inc. Town of Registration District No. 2001 Registered No. 29
(For use of Local Registrar)
 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 Smiley Robinson } If child is not yet named, make supplemental report as directed

(3) BOY GIRL (4) Twin or Triplet? (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Mar 25 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Henry Robinson
 (9) PRESENT POSTOFFICE OF FATHER Hyman S. C.
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 51 (Years)
 (12) BIRTHPLACE Florence Co. S. C.
 (13) OCCUPATION Farming
 (20) Number of children born to mother, including present birth 9

MOTHER.

(14) NAME BEFORE MARRIAGE Martha Timons
 (15) PRESENT POSTOFFICE OF MOTHER Hyman S. C.
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 41 (Years)
 (18) BIRTHPLACE Florence Co. S. C.
 (19) OCCUPATION House wife
 (21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Mary Nelson
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Florence S. C.

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 4/3 1916 (28) E. L. Montgomery
 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.

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY. WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.
 McCaw, of Columbia