

Form No. 1

## (1) PLACE OF BIRTH

County of Darrell  
 Township of Blackville  
 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

13744

Registration District No. 5.0.4 Registered No. 52  
 (For use of Local Registrar)

(No. .... St. .... Ward)  
 If birth occurs in a hospital or other institution, give name of street and number.)

(2) Full Name of Child Immie Polly Robison If child is not yet named, make supplemental report as directed

3. BOY OR GIRL Girl 4. Twin or Triplet? No 5. Number in order of birth No 6. Are Parents Married? No 7. DATE OF BIRTH May 1, 1922  
 (Name of Month) (Day) (Year)

## FATHER.

8. FULL NAME .....  
 9. PRESENT POSTOFFICE OF FATHER .....  
 10. COLOR OR RACE ..... 11. AGE AT LAST BIRTHDAY ..... (Year)  
 12. BIRTHPLACE .....  
 13. OCCUPATION .....  
 20. Number of children born to mother, including present birth 2

## MOTHER.

14. NAME BEFORE MARRIAGE Mrs. Robison  
 15. PRESENT POSTOFFICE OF MOTHER Blackville  
 16. COLOR OR RACE Negro 17. AGE AT LAST BIRTHDAY 27 (Year)  
 18. BIRTHPLACE S. C.  
 19. OCCUPATION .....  
 21. 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 10 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Phyllis Sherman (25) Address of Physician or Midwife  
 (24) State whether Physician or Midwife Midwife

Given name added from a supplemental report

(26) Witness

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

19  
Registrar

(27) File

June 1, 1922 (28) W. H. Hammond  
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.