

CERTIFICATE OF BIRTH

County of

STATE OF SOUTH CAROLINA.

**Bureau of Vital Statistics
State Board of Health**

File No. — For State Registrar Only

38215

Township of

30

Inc. Town of

or

City of

Registration District No. 200

Registered No. 1129

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child. Christina Robinson

If child is not yet named, make supplemental report as directed.

(3) BOY OR
GIRL

(4) Twin

(s) Number in
order of birth

(6) Are Parents Married? **yes**

(7) DATE Feb. 12 1922
BIRTH (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

(9) PRESENT
POSTOFFICE
OF FATHER

(10) COLOR
OR
RACE

(11) AGE AT LAST BIRTHDAY —

(12) BIRTHPLACE

(13) OCCUPATION

20) Number of children born to mother, including present birth

MOTHER

(14) NAME BEFORE MARRIAGE

(15) **PRESENT
POSTOFFICE
OF MOTHER**

(16) COLOR OR RACE

(18) BIRTHPLACE

(19) OCCUPATION

(21) Number of children of this mother now living, including present birth

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)

(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 is signed by mark)

(27) Filed 4/17/2019

Local Psychiatrists

*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.

before the birth month of pregnancy.