

WITH UNPAID INCOME—THIS IS A PERMANENT RECORD. 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.

(1) PLACE OF BIRTH
County of Marshall
Township of Buffalo
or
Inc. Town of
or
City of
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

Registration District No. 2700 Registered No. 70
(For use of Local Registrar)

File No.—For State Registrar Only
15419

(2) Full Name of Child Annie Robson If child is not yet named, make supplemental report as directed

| | | | | |
|------------------------------|---|---------------------------------------|------------------------------------|---|
| (3) BOY OR GIRL? <u>girl</u> | (4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets | (5) Number in order of birth <u>1</u> | (6) Are Parent Married? <u>Yes</u> | (7) DATE OF BIRTH <u>May 21, 19</u> (Name of Month) (Day) (Year) |
|------------------------------|---|---------------------------------------|------------------------------------|---|

| FATHER. | | MOTHER. | |
|--|--|---|---|
| (8) FULL NAME <u>James Robson</u> | (14) NAME BEFORE MARRIAGE <u>Married Bell</u> | (15) PRESENT POSTOFFICE OF FATHER <u>Marshall</u> | (15) PRESENT POSTOFFICE OF MOTHER <u>Marshall</u> |
| (10) COLOR OR RACE <u>White</u> | (11) AGE AT LAST BIRTHDAY <u>25</u> (Years) | (16) COLOR OR RACE <u>Colored</u> | (17) AGE AT LAST BIRTHDAY <u>23</u> (Years) |
| (12) BIRTHPLACE <u>Marshall</u> | | (18) BIRTHPLACE <u>Marshall</u> | |
| (13) OCCUPATION <u>Farmer</u> | | (19) OCCUPATION <u>Farmer</u> | |
| (20) Number of children born to mother, including present birth <u>2</u> | | (21) Number of children of this mother now living, including present birth <u>1</u> | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 5 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) mid wife P. L. Simmons
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 100 19 19 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.