

Form No. 1

(1) PLACE OF BIRTH

County of AndersonTownship of Northor
Inc. Town of

City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

35976

Registration District No. 3612Registered No. 77
(For use of Local Registrar)

(No. 84. Ward)

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

(2) Full Name of Child

Margaret Maud Robison

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

(3) BOY OR
GIRL?(4) Twin
or Triplet?(5) Number in
order of birth(6) Are
Parents
Married?(7) DATE OF
BIRTH 10/8 1927
(Name of Month) (Day) (Year)

To be answered only in event of Twin or Triplet

FATHER

(8) FULL
NAMEGeo. G. Robison(9) PRESENT
POSTOFFICE
OF FATHERKershaw S.C.(10) COLOR
OR
RACEWhite(11) AGE AT LAST
BIRTHDAY 27
(Year)

(12) BIRTHPLACE

Okla. Co

(13) OCCUPATION

Farmer

MOTHER

(14) NAME BEFORE
MARRIAGEMaud Fincher(15) PRESENT
POSTOFFICE
OF MOTHERKershaw S.C.(16) COLOR
OR
RACEWhite(17) AGE AT LAST
BIRTHDAY 24
(Year)

(18) BIRTHPLACE

Okla. Co

(19) OCCUPATION

Domestic(20) Number of children born to
mother, including present birth2(21) Number of children of this mother
now living, including present birth2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 7:30
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. C. D. Beane

(24) Name of Father, Physician or Midwife

Physician

(25) Address of Physician or Midwife

Kershaw S.C.Given name added from a supplement-
tal report:

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed 10/17/27

(28) 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.

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.

McGraw-Hill, Columbia, S. C.