

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, COLUMBIA, S. C.

**(1) PLACE OF BIRTH**  
 County of Barrow  
 Township of Alendale  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. .... St.; ..... Ward)  
 (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

File No.—For State Registrar Only  
**88418**

Registration District No. 500 Registered No. 168  
 (For use of Local Registrar)

**(2) Full Name of Child** Willie Robinson (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Boy (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 19, 1916  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Joe Robinson  
 (9) PRESENT POSTOFFICE OF FATHER Alendale S.C.  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 24  
(Years)  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Farm Laborer  
 (20) Number of children born to mother, including present birth 3

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Athie Dunbar  
 (15) PRESENT POSTOFFICE OF MOTHER Alendale S.C.  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 23  
(Years)  
 (18) BIRTHPLACE S.C.  
 (19) OCCUPATION Farm Laborer  
 (21) Number of children of this mother now living, including present birth 3

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born alive at 10 a. m. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Georganna Leady  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Alendale S.C.

Given name added from a supplemental report  
 .....  
 ..... 19 ..... Registrar

(26) Witness F. H. Boyd (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Dec. 25, 1916 (28) F. H. Boyd M.D. 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.