

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.

(1) PLACE OF BIRTH County of <u>Barren</u> Township of <u>Albendale</u> or Inc. Town of ..... or City of ..... (If birth occurs in a hospital or other institution, give name of street and number.)		<b>CERTIFICATE OF BIRTH</b> STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health		File No.—For State Registrar Only <b>88418</b>	
Registration District No. <u>500</u>		Registered No. <u>168</u> (For use of Local Registrar)			
(2) Full Name of Child <u>Willie Robinson</u>		(If child is not yet named, make supplemental report as directed)			
(3) BOY OR GIRL? <u>Boy</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 Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec. 19, 1916</u> (Name of Month) (Day) (Year)	
<b>FATHER.</b> (8) FULL NAME <u>Joe Robinson</u> (9) PRESENT POSTOFFICE OF FATHER <u>Albendale S.C.</u> (10) COLOR OR RACE <u>Negro</u> (11) AGE AT LAST BIRTHDAY <u>24</u> (Years) (12) BIRTHPLACE <u>S.C.</u> (13) OCCUPATION <u>Farm Laborer</u>			<b>MOTHER.</b> (14) NAME BEFORE MARRIAGE <u>Athie Dunbar</u> (15) PRESENT POSTOFFICE OF MOTHER <u>Albendale S.C.</u> (16) COLOR OR RACE <u>Negro</u> (17) AGE AT LAST BIRTHDAY <u>23</u> (Years) (18) BIRTHPLACE <u>S.C.</u> (19) OCCUPATION <u>Farm Laborer</u>		
(20) Number of children born to mother, including present birth <u>3</u>			(21) Number of children of this mother now living, including present birth <u>3</u>		
<b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</b> (22) I hereby certify that I attended the birth of this child, who was <u>Born alive</u> at <u>10 a. m.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.) (23) (Signature) <u>Georganna Eady</u> (24) State whether Physician or Midwife <u>Midwife</u> (25) Address of Physician or Midwife <u>Albendale S.C.</u> Given name added from a supplemental report ..... (26) Witness <u>F. H. Boyd</u> (Signature of Witness necessary only when question 23 is signed by mark) (27) Filed <u>Dec. 25, 1916</u> (28) <u>F. H. Boyd, M.D.</u> Registrar 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.