

(1) PLACE OF BIRTH

County of LancasterTownship of Flat Creekor
Inc. Town ofor
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. 2803

File No.—For State Registrar Only

43157Registered No. 123
(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL

boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF

BIRTH April 2, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Robt. F. Robinson

(9) PRESENT POSTOFFICE OF FATHER

Heath Spring R. 2

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

5-4
(Years)

(12) BIRTHPLACE

Lancaster Co.

(13) OCCUPATION

Farming

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

{

MOTHER.

(14) NAME BEFORE MARRIAGE

S. Estelle Mackey

(15) PRESENT POSTOFFICE OF MOTHER

same as Father

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

38
(Years)

(18) BIRTHPLACE

Lancaster Co.

(19) OCCUPATION

Housewife

(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... Alive at 6:45 A.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

D. H. Bishop

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Heath Springs R. 1

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Dec 25

(28)

F. C. Nelson
Local Registrar.

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.

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