

WHILE IN USE, WITH LEADING 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 *Christenfeld*
County of *Cherokee*
Township of *Cherokee*
or
Inc. Town of *Cherokee*
or
City of *Cherokee*
If birth occurs in a hospital or other institution, give name of same instead of street and number.)
Registration District No. *1201* Registered No. *18*
(For use of Local Registrar)
St.: *Cherokee* Ward: *Cherokee*

File No. — For State Registrar Only
3417

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

(3) SEX OF CHILD *Boy* (4) Twin or triplet? *No* (5) Number in order of birth *1*
(6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Feb 22 1923*
(Name of Month) (Day) (Year)

FATHER
(8) FULL NAME *Samuel Robinson*
(9) PRESENT POSTOFFICE OF FATHER *Cherokee S.C. P.O.*
(10) COLOR OR RACE *Colored* (11) AGE AT LAST BIRTHDAY *35*
(Years)
(12) BIRTHPLACE *S.C.*
(13) OCCUPATION *Farming*
(14) Number of children born to father, including present birth *1*

MOTHER
(14) NAME BEFORE MARRIAGE *Algerice Scoville*
(15) PRESENT POSTOFFICE OF MOTHER *Cherokee S.C. P.O.*
(16) COLOR OR RACE *Colored* (17) AGE AT LAST BIRTHDAY *26*
(Years)
(18) BIRTHPLACE *S.C.*
(19) OCCUPATION *Housewife*
(20) Number of children of this mother now living, including present birth *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
(21) I hereby certify that I attended the birth of this child, who was *Alive* at *3:45 P.* M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)
(22) (Signature) *J. C. Bull*
(23) State whether Physician or Midwife (24) Address of Physician or Midwife *Cherokee S.C.*

Given name added from a supplemental report
(25) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(26) Filed *Feb 25 1923* (27) *P. B. Ingram* 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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