

(1) PLACE OF BIRTH

County of Lancaster
 Township of
 or
 Inc. Town of Lancaster
 or
 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. 28A

File No.—For State Registrar Only

4313

Registered No. 64
 (For use of Local Registrar)

(2) Full Name of Child Anneth Elizabeth Robinson

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

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 30 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Oliver Robinson
 (9) PRESENT POSTOFFICE OF FATHER Lancaster S.C.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 28 (Years)
 (12) BIRTHPLACE Lancaster S.C.
 (13) OCCUPATION Textile operative
 (20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Viola Robinson
 (15) PRESENT POSTOFFICE OF MOTHER Lancaster S.C.
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Years)
 (18) BIRTHPLACE Lancaster S.C.
 (19) OCCUPATION Textile operative
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 8 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) R. Brown

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Lancaster S.C.

Given name added from a supplemental report

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

(27) Filed 1-16-23 (28) J. P. Thompson 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.