

(1) PLACE OF BIRTH  
County of Pickens  
Township of .....  
or  
Inc. Town of .....  
or  
City of Easley  
(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

2244

Registration District No. 37-9 Registered No. 5  
(For use of Local Registrar)

(No. .... St. .... Ward)

## (2) Full Name of Child

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

(3) BOY OR GIRL girl (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH Jan. 11, 22  
(Specify Month, Day, Year)

FATHER. (8) FULL NAME John A. Robinson (14) NAME BEFORE MARRIAGE Addie S. Baker

(9) PRESENT POSTOFFICE OF FATHER Easley, S.C. (15) PRESENT POSTOFFICE OF MOTHER Easley, S.C.

(10) COLOR OR RACE Col. (11) AGE AT LAST BIRTHDAY 24 (16) COLOR OR RACE Col. (17) AGE AT LAST BIRTHDAY 26  
(Specify Year) (Specify Year)

(12) BIRTHPLACE S.C. (18) BIRTHPLACE S.C.

(13) OCCUPATION Labourer (19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 4 (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 alive at 8 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mertie H. Baker (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Easley, S.C.

Given name added from a supplemental report: ..... (26) Witness John A. Robinson

(Signature of Witness necessary only when question 23 is signed) John A. Robinson

(27) Filed Jan. 12, 22 (28) E. H. Wyatt 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.