

Form No. 1

(1) PLACE OF BIRTH

County of Charleston
 Township of Santee
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only

41806

Registration District No. 1313 Registered No. 651
 (For use of Local Registrar)

If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Susan Emma Rollins (If child is not yet named, make supplemental report as directed)

BY OR RL 4) Twin or Triplet? 5) Number in order of birth 6) Are Parents Married? Yes 7) DATE OF BIRTH Dec 27 19 22
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(1) FULL NAME Willie Robinson
 (2) PRESENT POSTOFFICE OF FATHER Jordan SC
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 43 (Years)
 (12) BIRTHPLACE Charleston Co
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth Three

MOTHER.

(14) NAME BEFORE MARRIAGE Masoni Rollins
 (15) PRESENT POSTOFFICE OF MOTHER Jordan SC
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 27 (Years)
 (18) BIRTHPLACE Charleston Co
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth Three

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 9a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Julia Cain
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Jordan SC

Given name added from a supplemental report

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

(27) Filed Jan 9 19 23 (28) A. J. White 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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