

MARGIN RESERVED FOR BINDING.

WR. PLAINLY, WITH UNFADING 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.

McCaw, of Columbia.

# CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only  
**75287**

(1) PLACE OF BIRTH  
County of *York*  
Township of *York*  
or  
Inc. Town of .....  
or  
City of .....

Registration District No. *4408* Registered No. *102*  
(For use of Local Registrar)

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

(3) BOY OR GIRL? *Boy* (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? *ya* (7) DATE BIRTH *Aug 10 1916*  
(Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME *Geo Robinson*  
(9) PRESENT POSTOFFICE OF FATHER *York S C RD # 4*  
(10) COLOR OR RACE *Black* (11) AGE AT LAST BIRTHDAY *26*  
(Years)  
(12) BIRTHPLACE *Franklin Co SC*  
(13) OCCUPATION *Farmer*  
(20) Number of children born to mother, including present birth } *2*

**MOTHER.**  
(14) NAME BEFORE MARRIAGE *Hattie Burris*  
(15) PRESENT POSTOFFICE OF MOTHER *York S C RD # 4*  
(16) COLOR OR RACE *Black* (17) AGE AT LAST BIRTHDAY *23*  
(Years)  
(18) BIRTHPLACE *York Co SC*  
(19) OCCUPATION *Domestic*  
(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 *1 A* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Gilbert Smith*

(24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *York Co*

Given name added from a supplemental report

(26) Witness *Geo J Barron*  
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed *8/14* 191*6* (28) *Geo J Barron* 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.