

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.

## (1) PLACE OF BIRTH

County of *Yone*Township of *Yone*

or

Inc. Town of

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

File No.—For State Registrar Only

75287

Registration District No. *4408* Registered No. *102*

(For use of Local Registrar)

(2) Full Name of Child *Robert Lee Robinson*

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

(3) BOY OR GIRL? <i>Boy</i>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets.	(5) Number in order of birth	(6) Are Parents Married? <i>ya</i>	(7) DATE <i>Aug</i> , <i>10</i> , <i>1916</i> BIRTH (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME *Geo Robinson*(9) PRESENT POSTOFFICE OF FATHER *Yone SC 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 *Yone SC RD # 4*(16) COLOR OR RACE *Black* (17) AGE AT LAST BIRTHDAY *23* (Years)(18) BIRTHPLACE *Yone 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 *Yone SC*

Given name added from a supplemental report

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Registrar

(26) Witness *Geo H Barron* (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed *8/14* 1916 (28) *Geo H 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.