

## (1) PLACE OF BIRTH

County of

Township of

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 HealthFile No.—For State Registrar Only  
16361

Registration District No. 3701

Registered No. 26  
(For use of Local Registrar)

## (2) Full Name of Child

(3) ~~BOY~~  
GIRL(4) Twin  
or Triplet?(5) Number in  
order of birth  
To be answered only in event of Twins or Triplets

(6) Sex

(7) DATE OF  
BIRTH(Name of Month) (Day) (Year)  
May 30 22(8) FULL  
NAME

Mr. Robinson

(9) PRESENT  
POSTOFFICE  
OF FATHER

Dacusville

(10) COLOR  
OR  
RACE

White

(11) AGE AT LAST  
BIRTHDAY 38  
(Years)

(12) BIRTHPLACE

Pickens Co

(13) OCCUPATION

Farming

(20) Number of children born to  
mother, including present birth

4

(14) NAME BEFORE  
MARRIAGE

Emma Davidson

(15) PRESENT  
POSTOFFICE  
OF MOTHER

Dacusville

(16) COLOR  
OR  
RACE

White

(17) AGE AT LAST  
BIRTHDAY 36  
(Years)

(18) BIRTHPLACE

Pickens Co

(19) OCCUPATION

Domestic

(21) Number of children of this mother  
now living, including present birth

4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was  
on the date above stated.

(23) (Signature)

H. M. Gonder

(24) State whether Physician or Midwife

(Normal live or stillborn) (Hour A. M. or P. M.)

(25) Address of Physician or Midwife

Dacusville

Given name added from a supplement  
tal report

(26) Witness

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

(27) Filed

June 22 1922 H. M. Gonder

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.

MARGIN RESERVED FOR BINDING.

WRITE 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.

MCGRAW HILL BOOK CO., COLUMBIA, S. C.