

(1) PLACE OF BIRTH

County of Beaufort
 Township of Beaufort
 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

10093

Registration District No. 60303Registered No. 27
(For use of Local Registrar)

(No. _____ St.; _____ Ward)

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

(2) Full Name of Child

Reveries Robinson

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

1. BOY OR GIRL?

2. Sex of Child?

3. Number in order of birth 34. Are Parents Married? Yes

5. DATE OF BIRTH

April 17, 1922
(Name of Month) (Day) (Year)

FATHER.

6. FULL NAME

Reveries Robinson

7. PRESENT POSTOFFICE OF FATHER

Beaufort

8. COLOR OR RACE

(11) AGE AT LAST BIRTHDAY

27
(Years)

9. BIRTHPLACE

Beaufort

10. OCCUPATION

Farmer

11. Number of children born to mother, including present birth

3

MOTHER.

12. NAME BEFORE MARRIAGE

Sister Dora

13. PRESENT POSTOFFICE OF MOTHER

Beaufort

14. COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

25
(Years)

15. BIRTHPLACE

Beaufort

16. OCCUPATION

Housewife

17. 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 born alive at 4 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Phoebe Hamilton

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

19 _____ Registrar

(27) Filed

19 _____

(28)

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.