

(1) PLACE OF BIRTH

County of Charleston SC

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

75992

Township of

OR
Inc. Town ofRegistration District No. 9ARegistered No. 975

(For use of Local Registrar)

City of Charleston SCNo. 14 Marvic

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 Alean Robinson

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

(3) ~~MALE~~ OR
GIRL?(4) Twin
or Triplet?(5) Number in
order of birth

To be answered only in event of Twins or Triplets

(6) Are
Parents
Married? yes(7) DATE OF
BIRTH Sept. 18(Name of Month) (Day) (Year) 1916

FATHER.

(8) FULL
NAMEHenry Robinson(9) PRESENT
POSTOFFICE
OF FATHERCharleston SC(10) COLOR
OR
RACE colored(11) AGE AT LAST
BIRTHDAY 28
(Years)

(12) BIRTHPLACE

Florence S.C.

(13) OCCUPATION

Carpenter(20) Number of children born to
mother, including present birth{ 3

MOTHER.

(14) NAME BEFORE
MARRIAGELaurian Doss(15) PRESENT
POSTOFFICE
OF MOTHERCharleston SC(16) COLOR
OR
RACE Colored(17) AGE AT LAST
BIRTHDAY 23
(Years)

(18) BIRTHPLACE

Charleston S.C.

(19) OCCUPATION

house wife(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 alive at 10 a.m.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) S. W. Jones

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Midwife 10 First St. Charleston SC.Given name added from a supplement
report

....., 191.....

Registrar

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed 9/181916

(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.