

FORM NO. 1.

(1) PLACE OF BIRTH

County of GreenwoodTownship of Walnut Grove

Inc. Town of

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

10114

Registration District No. 2314Registered No. 10
(For use of Local Registrar)(2) Full Name of Child Lee Roy 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? yes(7) DATE OF BIRTH Feb. 22 1916
(Name of Month) (Day) (Year)

To be reported only in case of Twins or Triplets

FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(12) BIRTHPLACE

(13) OCCUPATION

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

MOTHER.

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE

(18) BIRTHPLACE

(19) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at about 9 a.m. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Rilla Jackson

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

(26) Witness

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

(27) Filled

1916

(28)

L. C. Mabry
Local RegistrarMARGIN 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.
McCauley of Columbia.

Given name added from a supplemental report

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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.