Form No. 1

(1) PLACE OF BIRTH

County of Lexington

Township of Congaree

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
4502

Registration District No. 3105 Registered No. 15
(For use of Local Registrar)

(No. ~~Jessie Robinson~~ St.; ..... Ward)

(2) Full Name of Child Jesse 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

To be answered only in event of Twins or Triplets

(6) Are Parents Married?

(7) DATE OF BIRTH Feb 3 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME [illegible]

(9) PRESENT POSTOFFICE OF FATHER [illegible]

(10) COLOR OR RACE [illegible]

(11) AGE AT LAST BIRTHDAY 25 (Years)

(12) BIRTHPLACE [illegible]

(13) OCCUPATION [illegible]

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

MOTHER.

(14) NAME BEFORE MARRIAGE [illegible]

(15) PRESENT POSTOFFICE OF MOTHER [illegible]

(16) COLOR OR RACE [illegible]

(17) AGE AT LAST BIRTHDAY 23 (Years)

(18) BIRTHPLACE [illegible]

(19) OCCUPATION [illegible]

(21) 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 [illegible] at 3 M., on the date above stated.
(Born alive or stillborn) Hour A. M. or P. M.)

(23) (Signature) [illegible]

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife New Brookland

Given name added from a supplemental report

.....

..... 19 ....
Registrar

(26) Witness .....
(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 7/8 ..... 19 23 (28) J. C. Lybrand
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 MEMORANDUM 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.
Section of Columns, Columns 3, 4