

## (1) PLACE OF BIRTH

County of GreenvilleTownship of Chick Springs

Inc. Town of

or

City of

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

Registration District No. 2204Registered No. 67

(For use of Local Registrar)

## (2) Full Name of Child

James 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? yes

(7) DATE OF BIRTH

June 23 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

James Mc Gay

(9) PRESENT POSTOFFICE OF FATHER

Greer S.C.

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

30 1/2  
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Laborer

(20) Number of children born to mother, 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 3-30 a M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Lucy Beasley

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

MidwifeGreer S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed 6-30 1916(28) James  
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.

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.  
McCaw, of Columbia