

MARGIN 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.

RECAP OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Richmond
Township of Richmond
or
Inc. Town of Richmond
or
City of Richmond

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

22968

Registration District No. 3003 Registered No. 52
(For use of Local Registrar)

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

(2) Full Name of Child James H. 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 2 6) Are Parents Married? Yes 7) DATE OF BIRTH 19
(Name of Month) (Day) (Year)

FATHER.

8) FULL NAME James H. Robinson

9) PRESENT POSTOFFICE OF FATHER Richmond

10) COLOR OR RACE White 11) AGE AT LAST BIRTHDAY 21
(Years)

12) BIRTHPLACE Richmond

13) OCCUPATION Householder

20) Number of children born to mother, including present birth 12

MOTHER.

14) NAME BEFORE MARRIAGE Julie Robinson

15) PRESENT POSTOFFICE OF MOTHER Richmond

16) COLOR OR RACE White 17) AGE AT LAST BIRTHDAY 22
(Years)

18) BIRTHPLACE Richmond

19) OCCUPATION Housewife

21) Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was at M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) James H. Robinson

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

Given name added from a supplemental report

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

(27) Filed Jan 2 19 22 (28) W. H. H. H. 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.