

## (1) PLACE OF BIRTH

County of Chester  
 Township of Hazlewood  
 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

41570

Registration District No. 1103 Registered No. 35  
 (For use of Local Registrar)

(2) Full Name of Child Moses Robinson

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 26, 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Moses Robinson  
 (9) PRESENT POSTOFFICE OF FATHER Richburg S.C.  
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 26  
 (Years)  
 (12) BIRTHPLACE Fairfield Co.  
 (13) OCCUPATION Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE Mary Paden  
 (15) PRESENT POSTOFFICE OF MOTHER Richburg S.C.  
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 23  
 (Years)  
 (18) BIRTHPLACE Chester Co.  
 (19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 1 (21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 11 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Ann Caldwell  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Cornwell, 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 Jan 9, 1923 (28) S. Simpson 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.