

(1) PLACE OF BIRTH
County of Charleston STATE OF SOUTH CAROLINA.
Township of Charleston Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
705

Inc. Town of Registration District No. 1291 Registered No. 11
(For use of Local Registrar)
City of (No. St. Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Marion Payne Robinson If child is not yet named, make supplemental report as directed

(1) SEX OF CHILD <u>Boy</u>	(4) Twin or triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan. 20 23</u> (Name of Month) (Day) (Year)
(8) FULL NAME <u>Marion Robinson</u>		(9) NAME BEFORE MARRIAGE <u>Annie Williams</u>		
(10) PRESENT POSTOFFICE OF FATHER <u>Charleston S.C. P.F.D.</u>		(11) PRESENT POSTOFFICE OF MOTHER <u>Charleston S.C. P.F.D.</u>		
(12) COLOR OR RACE <u>Negro</u>	(13) AGE AT LAST BIRTHDAY <u>37</u> (Years)	(14) COLOR OR RACE <u>Negro</u>	(15) AGE AT LAST BIRTHDAY <u>32</u> (Years)	
(16) BIRTHPLACE <u>S.C.</u>		(17) BIRTHPLACE <u>S.C.</u>		
(18) OCCUPATION <u>Brick Mason</u>		(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>7</u>		(21) Number of children of this mother now living, including present birth <u>3</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 10 P. M., on the date above stated. (Born Alive or Stillborn) (Hour, A. M. or P. M.)

(23) (Signature)
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife
Physician Charleston 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 25 1923 (28) P. H. Stryker, M.D. Local Registrar

When there was an 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.