

(1) PLACE OF BIRTH

County of Rockingham Co.Township of Swift Creekor  
Inc. Town of

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

46023

Registration District No. 1511 Registered No. ....

(For use of Local Registrar)

(2) Full Name of Child J. W. 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 Twin or Triplet

(6) Are Parents Married? yes(7) DATE OF BIRTH Jan 2 1916

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE Negro(11) AGE AT LAST BIRTHDAY 22

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

2

## MOTHER.

(14) NAME BEFORE MARRIAGE

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 19

(Years)

(18) BIRTHPLACE

(19) OCCUPATION

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

2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 9:00 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Emma J. Parrott(24) State whether Physician or Midwife Midwife Address of Physician or Midwife Rockingham Co

Given name added from a supplemental report

(25) Witness R. E. Lee

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

(27) Filed Jan 15 1916 (28) E. A. Early Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child has been even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.