

## 1. PLACE OF BIRTH

County of W. Shaw  
 Township of Flat Rock  
 or  
 Town of \_\_\_\_\_  
 or  
 City of \_\_\_\_\_

Standard Certificate of Birth  
STATE OF SOUTH CAROLINA

Bureau of Vital Statistics  
 State Board of Health

Registration District No. 2702 Registered No. 17  
 (For use of Local Registrar)

FILE No.—For State Registrar Only

4310

(If birth occurs in a hospital or other institution, give name of same instead of street and number)  
 FULL NAME OF CHILD Jessie Robinson {If child is not yet named, make supplemental report as directed.

Boy or Girl girl 11 Plural births { 4 Twin, triplet, or other \_\_\_\_\_ 5. Premature \_\_\_\_\_ 7. Legitimate \_\_\_\_\_ 8. Date of birth July 9 1923  
 { 5. Number, in order of birth \_\_\_\_\_ Full term \_\_\_\_\_ (Month, day, year)

FATHER  
 Name Augustus Robinson  
 Residence (usual place of abode) Brooklyn N.Y.  
 (If non-resident, give place and State)  
 Color or race W 12. Age at last birthday 36 (Years)  
 Birthplace (city or place) S.C.  
 (State or country)

MOTHER  
 18. Full maiden name Lucy Driskford  
 19. Residence (usual place of abode) Brooklyn N.Y.  
 (If non-resident, give place and State)  
 20. Color or race W 21. Age at last birthday 34 (Years)  
 22. Birthplace (city or place) S.C.  
 (State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Home  
 16. Date (month and year) last engaged in this work \_\_\_\_\_ 17. Total time (years) spent in this work \_\_\_\_\_  
 19 \_\_\_\_\_

OCCUPATION  
 23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. \_\_\_\_\_  
 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Housewife  
 25. Date (month and year) last engaged in this work \_\_\_\_\_ 26. Total time (years) spent in this work \_\_\_\_\_  
 19 \_\_\_\_\_

Number of children of this mother (At time of this birth and including this child) (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

If stillborn, period of gestation { months weeks } 29. Cause of stillbirth \_\_\_\_\_ Before labor \_\_\_\_\_ During labor \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born at 2 a.m. on the date above stated.  
 (Born alive or stillborn)

When there was no attending physician or midwife, then the father, householder, etc., should make this return.  
 (Signed) Midwife dead M. D.

By Grandfather John Driskford Midwife  
 Address R.S. 7 miles S.E.

Filed Mar 1 1923 24 Driskford  
 (D to eD)