

THIS IS A PERMANENT RECORD.
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.
BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.

(1) PLACE OF BIRTH

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

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

File No. — For State Registrar Only
89121

Registration District No. 206

Registered No. 123
(For use of Local Registrar)

(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

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

(3) BOY OR GIRL? (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH Mar 4 1911
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME Ellison Robinson (14) NAME BEFORE MARRIAGE Miss Robinson
(9) PRESENT POSTOFFICE OF FATHER Pageland SC (15) PRESENT POSTOFFICE OF MOTHER Pageland SC
(10) COLOR OR RACE B (11) AGE AT LAST BIRTHDAY 35 (16) COLOR OR RACE B (17) AGE AT LAST BIRTHDAY 35
(12) BIRTHPLACE Lancaster (18) BIRTHPLACE Old Stone
(13) OCCUPATION Farmer (19) OCCUPATION Housewife
(20) Number of children born to mother, including present birth 4 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 12 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) Ann Jones
(24) State whether Physician or Midwife midwife (25) Address of Physician or Midwife Pageland SC
Given name added from a supplemental report
(26) Witness J. E. C. B.
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 12-1-1911 (28) J. E. C. B.
Registrar 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.