

(1) PLACE OF BIRTH

County of LancasterTownship of Hillsboroor
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 North Carolina

Department of Vital Statistics

State Board of Health

Registration District No. 280Registered No. 54

File No. - For State Registration

56469

(2) Full Name of Child John J. 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 1(6) Age 7 years(7) DATE OF BIRTH ap. 22

(Name of Month, Day, Year)

FATHER

(8) FULL NAME Wesley Robinson(9) PRESENT POSTOFFICE OF FATHER Lancaster(10) COLOR OR RACE colored(11) AGE AT LAST BIRTHDAY 27

(Years)

(12) BIRTHPLACE Lancaster Co.(13) OCCUPATION farmer(20) Number of children born to mother, including present birth 2

MOTHER

(14) NAME BEFORE MARRIAGE Miss Williams(15) PRESENT POSTOFFICE OF MOTHER Lancaster(16) COLOR OR RACE colored(17) AGE AT LAST BIRTHDAY 18

(Years)

(18) BIRTHPLACE Lancaster Co.(19) OCCUPATION farmer's wife(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 alive on the date above stated. (Born alive or stillborn) (Date, 1st, 2nd, or 3rd)(23) (Signature) Wesley Robinson

(24) State whether Physician or Midwife (If Address of Physician or Midwife)

Midwife Lancaster Co.

Given name added from a supplemental report

(25) Witness Doc. Jones

(Signature of witness necessary only when question is signed "true")

(26) Filed ap. 22 1924

Registrar

*When there was no attending physician or midwife, the father, grandfather, etc., should make this statement if a child breathes even once, or make another report as directed.

When parents, wife, or husband are known, give name of each child, and mark the first-born, No. 1, then others, No. 2, etc., in question 2.

Law of Columbia.