

(1) PLACE OF BIRTH

County of SequoiaTownship of Philpotor
Inc. Town ofor
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 60.3.13

File No.—For State Registrar Only

3204

Registered No. 14
(For use of Local Registrar)

.....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 Red Robinson

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

(1) BOY OR GIRL	(2) Twin or Triplet?	(3) Number in order of birth	(4) Are Parents Married?	(5) DATE OF BIRTH
	To be answered only in event of Twin or Triplet	<u>2</u>	<u>no</u>	<u>Feb 22</u> (Name of Month) (Day) (Year)

FATHER

(6) FULL NAME Fred Robinson(7) PRESENT POSTOFFICE OF FATHER Sequoia(8) COLOR OR RACE negro (9) AGE AT LAST BIRTHDAY 21 (Years)(10) BIRTHPLACE Sequoia(11) OCCUPATION farm work(12) Number of children born to mother, including present birth 2

MOTHER

(13) NAME BEFORE MARRIAGE Loretta Chessee(14) PRESENT POSTOFFICE OF MOTHER Sequoia(15) COLOR OR RACE negro (16) AGE AT LAST BIRTHDAY 16 (Years)(17) BIRTHPLACE Sequoia(18) OCCUPATION House work(19) Number of children of this mother now living, including present birth 16 none

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born alive at Sequoia on the date above stated. (Hour A. M. or P. M.)(21) (Signature) P. Small

(22) State whether Physician or Midwife

(23) Address of Physician or Midwife

Given name added from a supplemental report

(24) Witness

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

(25) Filed

(26) 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.