

## (1) PLACE OF BIRTH

County of ChristyfieldTownship of Chiraw

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  
**51696**

Registration District No. 1 Registered No. 23  
 (For use of Local Registrar)

2) Full Name of Child Claudia Magnolia Robison If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1/1 (6) Are Parents Married? No (7) DATE OF BIRTH March 23 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Frank Robison  
 (9) PRESENT POSTOFFICE OF FATHER Chiraw S.C.  
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 45 (Years)  
 (12) BIRTHPLACE S.C.  
 (13) OCCUPATION Plant Farmer  
 (20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Maggie Perry  
 (15) PRESENT POSTOFFICE OF MOTHER Chiraw S.C.  
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 35 (Years)  
 (18) BIRTHPLACE Christyfield S.C.  
 (19) OCCUPATION Farm laborer  
 (21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 8 o'clock P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Wm. J. P. Lewis (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Chiraw S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed) Wm. J. P. Lewis

(27) Filed March 24 (28) Local Registrar Wm. J. P. Lewis

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.

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Form No. 10. WHEN SIGNING, WITH CERTAINING INK, THIS IS A CERTIFICATE OF BIRTH. 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.