

(1) PLACE OF BIRTH

County of CharlestonTownship of CampobelloInc. Town of DanaherCity of (No.)

(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

91800

Registration District No. 4001-aRegistered No. 143

(For use of Local Registrar)

(2) Full Name of Child Emily M. Robinson { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>12</u> , <u>2</u> , 19 <u>13</u> (Name of Month) (Day) (Year)
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To be answered only in case of Twins or Triplets

FATHER.

MOTHER.

(8) FULL NAME John A. Robinson(14) NAME BEFORE MARRIAGE Miss Hill(9) PRESENT POSTOFFICE OF FATHER Danaher S.C.(15) PRESENT POSTOFFICE OF MOTHER Danaher S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 31 (Years)(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 18 (Years)(12) BIRTHPLACE Greenwood(18) BIRTHPLACE Danaher S.C.(13) OCCUPATION Wagoner(19) OCCUPATION Domestic(20) Number of children born to mother, including present birth one(21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 11 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature](24) State whether Physician or Midwife (25) Address of Physician or Midwife Danaher S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filled 1913 (28) [Signature] 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.

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