

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.

(1) PLACE OF BIRTH

County of Richland  
 Township of Columbia  
 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

16434

Registration District No. 38<sup>a</sup>

Registered No. 1546  
 (For use of Local Registrar)

(No. Admission St.; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of hospital instead of street and number.)

(2) Full Name of Child

State Robert J. Jr. If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl

(4) Twin or Triplet? Aspretha

(5) Number in order of birth 4

(6) Parents Married? Yes

(7) DATE OF BIRTH

May 7, 1922  
 (Name of Month) (Day) (Year)

FATHER

Robinson

MOTHER

Pearl Clark

(8) FULL NAME

Johnie Robinson

(14) NAME BEFORE MARRIAGE

Pearl Clark

(9) PRESENT POSTOFFICE OF FATHER

Columbia

(15) PRESENT POSTOFFICE OF MOTHER

Columbia

(10) COLOR OR RACE

Colord

(11) AGE AT LAST BIRTHDAY

28  
 (Years)

(16) COLOR OR RACE

Colord

(17) AGE AT LAST BIRTHDAY

26  
 (Years)

(12) BIRTHPLACE

Fairfield county

(18) BIRTHPLACE

Fairfield county

(13) OCCUPATION

Labor

(19) OCCUPATION

house keeping

(20) Number of children born to mother, including present birth

14

(21) Number of children of this mother now living, including present birth

14

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 1:20 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Laidie Murphy

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Bridge road

Given name added from a supplemental report

aff 3/2/03 rd

(26) Witness

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

(27) Filed

5/8 1922 Dr. C. C. C. C.

\*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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