

(1) PLACE OF BIRTH

County of BeaufortTownship of Wilmington

Inc. Town of

City of

(If birth occurs in a hospital or other institution give name of same instead of street and number.)

(2) Full Name of Child Andrew Robinson If child is not yet named, make supplemental report as directed(3) SEX OR Boy (4) Type Yes (5) Number in order of birth 1 (6) Are Yes (7) DATE OF BIRTH Sept 22, 1923

FATHER. MOTHER.

(8) FULL NAME Nathan Robinson (14) NAME BEFORE MARRIAGE Harriet Michael(9) PRESENT RESIDENCE OF FATHER Frogmore SC (15) PRESENT RESIDENCE OF MOTHER Frogmore SC(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 40 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 36(12) BIRTHPLACE South Carolina (18) BIRTHPLACE South Carolina(13) OCCUPATION Labourer (19) OCCUPATION Farmer(20) Number of children born to mother, including present birth 11 (21) Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 4:10 P.M. on the date above stated. (23) (Signature) Betty Wigg (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Frogmore SC

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed 11/11 (28) 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.