

FORM NO. 10. MARGEN RESERVE. DO NOT PRINT IN THIS SPACE. WRITE PLAINLY, WITH LEADING INK.—THIS IS A PERMANENT RECORD. N. R.—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 **CERTIFICATE OF BIRTH**  
 County of Sumter STATE OF SOUTH CAROLINA. File No.—For State Registrar Only  
 Township of Stabuff Bureau of Vital Statistics 44846  
 or Inc. Town of ..... Registration District No. 4109 Registered No. 108  
 or City of ..... (No. .... St.; ..... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.) (For use of Local Registrar)

(2) Full Name of Child Martha Ellen Robinson 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 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 10 1915  
To be answered only in case of twins or triplets (Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Willie J. Robinson

(9) PRESENT POSTOFFICE OF FATHER Hogood SC

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 32 (Years)

(12) BIRTHPLACE Sumter Co.

(13) OCCUPATION farmer

(20) Number of children born to mother, including present birth 3

**MOTHER.**

(14) NAME BEFORE MARRIAGE Mary Daisy Sanders

(15) PRESENT POSTOFFICE OF MOTHER Hogood SC

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 21 (Years)

(18) BIRTHPLACE Sumter Co.

(19) OCCUPATION House wife

(21) Number of children of this mother now living, including present birth 2

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was alive at 8:30 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Louis Sanders

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Hogood SC

Given name added from a supplemental report  
 ..... 191.....  
 ..... Registrar

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

(27) Filed Dec 15 1915 (28) Ray Sanders 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 required of stillbirths before the fifth month of pregnancy.