

Form No. 1

(1) PLACE OF BIRTH

County of Orangeburg
 Township of middle
 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

31767

Registration District No. 3520Registered No. 77
(For use of Local Registrar)

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

(2) Full Name of Child Paul Robinson

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept 22, 1932
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Luss Robinson
 (9) PRESENT POSTOFFICE OF FATHER Orbg. R.F.D. #2, S.C.
 (10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 33
 (Years)
 (12) BIRTHPLACE Orbg. Co. S.C.
 (13) OCCUPATION Farm Laborer

MOTHER.

(14) NAME BEFORE MARRIAGE Bertha Salay
 (15) PRESENT POSTOFFICE OF MOTHER Orbg. Co. S.C.
 (16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 18
 (Years)
 (18) BIRTHPLACE Orbg. Co. S.C.
 (19) OCCUPATION House wife

(20) Number of children born to mother, including present birth 1(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 1 P. M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Octavia Harrison(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Kanawville, S.C.

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Oct 9, 1932 (28) W. T. Hines 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.

RECEIVED FOR BINDING.
 WITH UNPAID INC.—THIS IS A PERMANENT RECORD.
 N. B.—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.

RECEIVED OF COLUMBIA, COLUMBIA, S. C.