

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate)

7/8/41

16 093441

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

FILE No.—For State Registrar Only

00280

1. PLACE OF BIRTH

County of Colleton

Township of Vedin

or

Inc. Town of

or

City of Round, S. C.

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

Registration District No. 1409

Registered No.

(For use of Local Registrar)

St. _____ Ward _____

2. FULL NAME OF CHILD

Otis Robinson

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

3. Boy or Girl

Boy

If Plural births

4. Twins, triplets or other

5. Number, in order of birth

6. Premature

Full term X

7. Are Parents

Married? yes

8. Date of February 12 birth

(Month, day, year)

19 16

9. Full name

FATHER
Thomas Robinson

18. Name before marriage

MOTHER

Annie Eliza Chaplin

10. Residence (mailing address)

(If non-resident, give place and State)

Round, S. C.

19. Residence (mailing address)

(If non-resident, give place and State)

Round, S. C.

11. Color or race

col.

12. Age at child's birth 20 (years)

20. Color or race

col.

21. Age at child's birth 16 (years)

13. Birthplace (city or place)

(State or country)

Round, S. C.
Colleton County

22. Birthplace (city or place)

(State or country)

Round, S. C.
Colleton County

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laborer

15. Industry or business in which work done, as silk mill, sawmill, bank, etc.

16. Date (month and year last) engaged in this work

17. Total time (years) spent in this work

OCCUPATION

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc.

Laborer

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year last) engaged in this work

26. Total time (years) spent in this work

27. Number of children of this mother (At time of birth and including this child)

(a) Born alive and now living 1

(b) Born alive but now dead 0

(c) Stillborn 0

28. If stillborn, period of gestation

months weeks

29. Cause of stillbirth

Before labor

During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was alive at 12 A. _____ m. on the date above stated.
(Born alive or stillborn)

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) Annie Eliza Robinson, Parent

or _____, Guardian

Given name added from a supplementary report

(Date of)

Address Round, S. C.

Filed 7/24/41, 19 41 M. B. Woodward, M.D.

Registrar.

Registrar.