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7/8/41

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)

1. PLACE OF BIRTH		Standard Certificate of Birth		FILE No.—For State Registrar Only	
County of <u>Colleton</u>		STATE OF SOUTH CAROLINA		00280	
Township of <u>Vedin</u>		Registration District No. <u>1409</u>		Registered No. _____	
or Inc. Town of _____		St. _____		(For use of Local Registrar)	
or City of <u>Round, S. C.</u>		(No. _____) (If birth occurs in a hospital or other institution, give name of same instead of street and number)		Ward _____	
2. FULL NAME OF CHILD <u>Otis Robinson</u>		{ If child is not yet named, make supplemental report as directed.			
3. Boy or Girl <u>Boy</u>	If Plural births _____	4. Twins, triplets or other _____	5. Number, in order of birth _____	6. Premature _____ Full term <input checked="" type="checkbox"/>	7. Are Parents Married? <u>yes</u>
8. Date of birth <u>February 12, 1916</u> (Month, day, year)					
9. Full name <u>FATHER</u> <u>Thomas Robinson</u>			18. Name before marriage <u>MOTHER</u> <u>Annie Eliza Chaplin</u>		
10. Residence (mailing address) (If non-resident, give place and State) <u>Round, S. C.</u>			19. Residence (mailing address) (If non-resident, give place and State) <u>Round, S. C.</u>		
11. Color or race <u>col.</u>		12. Age at child's birth <u>20</u> (years)		20. Color or race <u>col.</u>	
13. Birthplace (city or place) (State or country) <u>Round, S. C.</u> <u>Colleton County</u>		21. Age at child's birth <u>16</u> (years)		22. Birthplace (city or place) (State or country) <u>Round, S. C.</u> <u>Colleton County</u>	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>			23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>Laborer</u>		
15. Industry or business in which work done, as silk mill, sawmill, bank, etc. _____			24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____		
16. Date (month and year last) engaged in this work _____			25. Date (month and year) last engaged in this work _____		
17. Total time (years) spent 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 <u>1</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>					
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 <u>alive</u> at <u>12</u> 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) <u>Annie Eliza Robinson</u> , Parent		
Given name added from a supplementary report _____ (Date of) _____			or _____, Guardian		
Address <u>Round, S. C.</u>			Filed <u>7/24/41</u> , 19 <u>19</u> <u>M. B. Woodward, M.D.</u>		
Registrar _____			Registrar _____		