

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>Anderson</u>		STATE OF SOUTH CAROLINA		03851	
Township of <u>Rock Mills</u>		Bureau of Vital Statistics		Registered No.	
or		State Board of Health		(For use of Local Registrar)	
Inc. Town of		Registration District No. <u>312</u>		Registered No.	
or		Registration District No.		Registered No.	
City of		(No. St.; Ward)		Registered No.	
(If birth occurs in a hospital or other institution, give name of same instead of street and number)		Registered No.		Registered No.	
2. FULL NAME OF CHILD <u>William Lee Robbins</u> { If child is not yet named, make supplemental report as directed.					
3. Boy or Girl <u>Boy</u>	If Plural births	4. Twin, triplet or other.....	5. Number, in order of birth.....	6. Premature..... Full term.....	7. Are Parents Married? <u>yes</u>
8. Date of birth <u>Nov. 20, 1916</u> (Month, day, year)					
9. Full name <u>FATHER</u> <u>William Holland Robbins</u>			18. Name before marriage <u>MOTHER</u> <u>Ruby Estelle Gerrard</u>		
10. Residence (mailing address) <u>R. 1, Townville, S. C.</u> (If non-resident, give place and State)			19. Residence (mailing address) <u>R. 1, Townville</u> (If non-resident, give place and State)		
11. Color or race <u>White</u>	12. Age at child's birth <u>25</u> (years)	20. Color or race <u>White</u>	21. Age at child's birth <u>23</u> (years)		
13. Birthplace (city or place) <u>Anderson County</u> (State or country) <u>S. C.</u>		14. Birthplace (city or place) <u>Anderson County</u> (State or country) <u>S. C.</u>			
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>Housewife & Farmer</u>			
15. Industry or business in which work done, as silk mill, sawmill, bank, etc. <u>Farm</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Farm</u>			
16. Date (month and year) last engaged in this work <u>Present</u>		17. Total time (years) spent in this work.....		25. Date (month and year) last engaged in this work <u>Present</u>	
19.		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..... (c) Stillborn.....					
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 born at 9:40 P.m. on the date above stated.

(Signed) Ruby G. Robbins, Parent
or..... Guardian
Address Townville S.C.
Filed November 7, 1942 M. B. Woodward, MD
Asst. State Registrar.

Registrar.