

## (1) PLACE OF BIRTH

County of Oconee

Township of .....

or Inc. Town of Hestminster

or City of .....

**CERTIFICATE OF BIRTH**  
 STATE OF SOUTH CAROLINA  
 Bureau of Vital Statistics  
 State Board of Health

File No. — For State Registrar Only

35828

Registration District No. 3505 Registered No. 146  
(For use of Local Registrar)(No. .... St.; .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Unnamed Willbanks (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 3 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sep. 5 1922  
(Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Robert B. Willbanks

(9) PRESENT POSTOFFICE OF FATHER Hestminster

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 38 (Years)

(12) BIRTHPLACE Ga.

(13) OCCUPATION Farmer

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

**MOTHER.**

(14) NAME BEFORE MARRIAGE Elizabeth S. Yearwood

(15) PRESENT POSTOFFICE OF MOTHER Hestminster

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)

(18) BIRTHPLACE Ga.

(19) OCCUPATION House Wife

(21) Number of children of this mother now living, including present birth 3

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**(22) I hereby certify that I attended the birth of this child, who was Alive at 9:32 A.M.  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) A. A. Strickland  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Hestminster

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mother) Dr. J. W. Strickland  
(27) Local Registrar. Dr. J. W. Strickland

\*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. Local Registrar.

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