

CERTIFICATE OF BIRTH

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STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

7270

(1) PLACE OF BIRTH

County of GreenwoodTownship of 11Inc. Town of GreenwoodCity of GreenwoodRegistration District No. 2306Registered No. 48
(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 JACK BENNETT COLLIER

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

(3) BOY OR GIRL? <u>BOY</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>23 27 1923</u> (Name) (Month) (Day) (Year)
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FATHER.

(8) FULL NAME Furman I. Collier(9) PRESENT POSTOFFICE OF FATHER Greenwood(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Year)(12) BIRTHPLACE Greerwood, S.C.

(13) OCCUPATION

Textile(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Ellen F. Coe(15) PRESENT POSTOFFICE OF MOTHER Greenwood(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 30 (Year)(18) BIRTHPLACE Georgia

(19) OCCUPATION

Domestic(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) [Signature](24) State whether Physician or Midwife Phys(25) Address of Physician or Midwife [Address]

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed April 10 19 23(28) [Signature] 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—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 2.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.