

11 (1) PLACE OF BIRTH

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County of Marion  
Township of Pearson  
or  
Inc. Town of  
or  
City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

7828

Registration District No. 3705

Registered No. 77  
(For use of Local Registrar)

(2) Full Name of Child Mary-Evelyn Collins  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Feb 26 1923  
(Name of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Walker L. Collins</u>	(14) NAME BEFORE MARRIAGE <u>Mary Ann Gooden</u>	(15) PRESENT POSTOFFICE OF FATHER <u>Nichols SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Nichols SC</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Nichols SC</u>	(16) COLOR OR RACE <u>White</u>	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>35</u> (Years)
(10) COLOR OR RACE <u>White</u>	(18) BIRTHPLACE <u>Marion Co</u>	(18) BIRTHPLACE <u>Marion Co</u>	(19) OCCUPATION <u>House work</u>
(11) AGE AT LAST BIRTHDAY <u>37</u> (Years)	(20) Number of children of this mother now living, including present birth <u>6</u>	(19) OCCUPATION <u>House work</u>	
(12) BIRTHPLACE <u>Marion Co</u>			
(13) OCCUPATION <u>Carpenter</u>			
(20) Number of children born to mother, including present birth <u>8</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 5 A.M.  
(on the date above stated.) (Born live or stillborn) (Hour, M. or P. M.)

(23) (Signature) E. B. Luecke (24) State whether Physician or Midwife (25) Address of Physician or Midwife Nichols SC

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed) W. E. Lambert  
(27) Filed 3/8 1923 (28) 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.