

## (1) PLACE OF BIRTH

County of Florence

Township of .....

Inc. Town of .....

City of Florence

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Wilbert Ellison Collins

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. 10.—For State Register Use

20914

Registration District No. 20Registered No. 219

(For use of Local Registrar)

(No. E. Cheever)

St. .... Ward)

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

(a) BOY OR GIRL

boy

(b) Type or Trade

To be reported only in case of Trade or Profession

(c) Number in order of Birth

(d) Are Parents Married

yes

(e) DATE OF BIRTH

7/27/23

(Name of Month) (Day) (Year)

## FATHER.

(a) FULL NAME

W. E. Collins

(b) PRESENT POSTOFFICE OF FATHER

Florence, S.C.

(c) COLOR OR RACE

white

(d) AGE AT LAST BIRTHDAY

28

(e) BIRTHPLACE

Florence Co.

(f) OCCUPATION

R. R. Employer

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

20

## MOTHER.

(a) NAME BEFORE MARRIAGE

Anna Montrose

(b) PRESENT POSTOFFICE OF MOTHER

Florence, S.C.

(c) COLOR OR RACE

white

(d) AGE AT LAST BIRTHDAY

26

(e) BIRTHPLACE

Florence Co.

(f) OCCUPATION

Housewife

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

2

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was... alive... at 10 A.M. on the date above stated. (Born alive or stillborn) (Day) (Month) (Year)

(23) (Signature)

E. W. Hicks M.D.

(24) State whether Physician or Midwife

Physician

(25) Address of Phys. or Midwife

Florence, S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed "stillborn")

(27) Filed

July 28 23P. H. Buchanan

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.

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