

## (1) PLACE OF BIRTH

County of RockyTownship of Coastal

Inc. Town of .....

City of Coastal

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

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

4946

Registration District No. 3702Registered No. 11

(For use of Local Registrar)

## (2) Full Name of Child

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u> To be answered only in case 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>Feb 5 1920</u> (Month) (Day) (Year)
------------------------------	--	---------------------------------------	-------------------------------------	---

## FATHER.

(8) FULL NAME James Wade McCollum(9) PRESENT POSTOFFICE OF FATHER Coastal R.R. 6(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24  
(Years)(12) BIRTHPLACE SC(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Ruth Swartz(15) PRESENT POSTOFFICE OF MOTHER Coastal R.R. 6(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 18  
(Years)(18) BIRTHPLACE SC(19) OCCUPATION House wife(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 born at 11:00 M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Wm. J. Swann(24) State whether Physician or Midwife (25) Address of Physician or Midwife Coastal

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Signed Mar. 3 1920 (28) W. J. Swann 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.

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.

In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

Bureau of Statistics, Columbia, S. C.