

F A F E T Y A F S A K A D O

(1) PLACE OF BIRTH

County of Aiken
 Township of Langley

Inc. Town of
 City of Bath, S.C.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

19700

Registration District No. 217A Registered No. 94
 (For use of Local Registrar)

City of Bath, S.C. (No. St.: Ward) 1
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

2) Full Name of Child Anderson, Danyel Collins 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 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 23 1943
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Collins

(9) PRESENT POSTOFFICE OF FATHER Bath, S.C.

(10) COLOR White (11) AGE AT LAST BIRTHDAY 20
 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(14) Number of children born to 1
 including present birth

MOTHER

(14) NAME BEFORE MARRIAGE Collins

(15) PRESENT POSTOFFICE OF MOTHER Bath, S.C.

(16) COLOR White (17) AGE AT LAST BIRTHDAY 10
 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Housewife

(20) 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 10 A.M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. J. Mason

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Langley, S.C.

When name added from a supplemental report

..... 101.....

Registrar

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

(27) Filed Aug. 1, 1943 (28) L. W. Spradley
 Local Registrar

* If not an attending physician or midwife, then the father, householder, etc., should make this return. If not even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.