

(1) PLACE OF BIRTH
 County of Dillon
 Township of Bethel
 Inc. Town of
 or
 City of
 (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 Register Only

28106

Registration District No. 1606

Registered No. 79
 (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 Bethel Amay Jack
 (If child is not yet named, make application for a name and report as directed)

(2) Sex of Child <u>girl</u>	(4) Twin or Triplet <u>None</u>	(5) Number in order of birth <u>1</u>	(7) Age of child <u>7 yrs</u>	(6) DATE OF BIRTH <u>Sept. 17, 1973</u> (Name of Month) (Year)
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FATHER.

(8) FULL NAME <u>James Collier</u>	(9) PRESENT RESIDENCE OF FATHER <u>Bartow</u>	(10) COLOR OF HAIR <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>38</u>	(12) BIRTHPLACE <u>Mississippi Co</u>	
(10) COLOR OF HAIR <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>38</u>				
(12) BIRTHPLACE <u>Mississippi Co</u>					

(13) OCCUPATION <u>Public Works</u>

(20) Number of children born to mother, including present birth <u>1</u> <u>8</u>

MOTHER.

(14) NAME BEFORE MARRIAGE <u>Ethel Platt</u>	(15) PRESENT RESIDENCE OF MOTHER <u>Bartow</u>	(16) COLOR OF HAIR <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>31</u>	(18) BIRTHPLACE <u>Mississippi Co</u>	
(16) COLOR OF HAIR <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>31</u>				
(18) BIRTHPLACE <u>Mississippi Co</u>					

(19) OCCUPATION <u>House Work</u>

(21) Number of children of this mother now living, including present birth <u>6</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn dead b. w. or p. w. on the date above stated.

(23) (Signature) Lizette McDowell (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 10/22/1973 (28) C. L. Royal Local Physician

*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 stillborns before the fifth month of pregnancy.

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Registrar