

## (1) PLACE OF BIRTH

County of Chas.

Township of .....

or  
Inc. Town of .....City of Chas.

(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

Registration District No. 9A

File No. — For State Registrar Only

80547

Registered No. 1146  
(For use of Local Registrar)(2) Full Name of Child Edmund Collington(3) BOY OR  
GIRL? Boy(4) Twin  
or Triplet?(5) Number in  
order of birth  
To be answered only in event of Twins or Triplets(6) Are  
Parents  
Married? Yes(7) DATE OF  
BIRTH March 23, 1916  
(Name of Month) (Day) (Year)If child is not yet named, make  
supplemental report as directed

## FATHER.

(8) FULL  
NAMEEdmund Collington(9) PRESENT  
POSTOFFICE  
OF FATHERCharleston S.C.(10) COLOR  
OR  
RACE Black(11) AGE AT LAST  
BIRTHDAY 50  
(Years)

(12) BIRTHPLACE

Orangeburg S.C.

(13) OCCUPATION

City Cart Driver(20) Number of children born to  
mother, including present birth6

## MOTHER.

(14) NAME BEFORE  
MARRIAGEIsabell Davis(15) PRESENT  
POSTOFFICE  
OF MOTHERCharleston S.C.(16) COLOR  
OR  
RACE Black(17) AGE AT LAST  
BIRTHDAY 26  
(Years)

(18) BIRTHPLACE

Orangeburg S.C.

(19) OCCUPATION

Domestic(21) Number of children of this mother  
now living, including present birth5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 A M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) L. J. Green

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

17 Duncan St.Given name added from a supplement-  
tal report

191...

Registrar

(26) Witness Mrs. C. R. Meyer(Signature of Witness necessary only  
when question 23 is signed by mark)(27) Filed 1924 6

191...

(28)

J. M. ...  
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.