

(1) PLACE OF BIRTH

County of *Marion*
Township of *Reaver*
or
Inc. Town of
or
City of

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

File No. — For State Registrar Only
43653

Registration District No. *3705* Registered No. *169*
(For use of Local Registrar)

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

(2) Full Name of Child *D. Weldon Collins*

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

(3) BOY OR GIRL *Boy* (4) Twin or Triplet? (5) Number in order of birth (6) Age at Birth *36* (7) DATE OF BIRTH *Dec 1 1914*
(Male of Month) (Day) (Year)

FATHER.
(8) FULL NAME *Willie Collins*
(9) PRESENT POSTOFFICE OF FATHER *Mullins*
(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *36*
(12) BIRTHPLACE *Marion Co.*
(13) OCCUPATION *Farmer*
(20) Number of children born to mother, including present birth *4*

MOTHER.
(14) NAME BEFORE MARRIAGE *Dorris Rogers*
(15) PRESENT POSTOFFICE OF MOTHER *Mullins*
(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *30*
(18) BIRTHPLACE *North Carolina*
(19) OCCUPATION *Domestic*
(21) Number of children of this mother now living, including present birth *3*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *Born alive*... at *8:10 P.M.*, on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *Amy R. Hayes*
(24) State whether *Physician or Midwife* (25) Address of Physician or Midwife *Mullins S.C.*

Given name added from a supplemental report
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..... 19

(26) Witness *A. M. Schupler*
(Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed *Jan 11 1915* (28) *A. M. Schupler* 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.

Registrar

Local Registrar

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FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.
MOGAW OF COLUMBIA, COLUMBIA, S. C.