

(1) PLACE OF BIRTH

County of *Marion*Township of *Reaves*or
Inc. Town ofor
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

Registration District No. *3705* Registered No. *169*

(For use of Local Registrar)

(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 of Mother *36*

(7) DATE OF BIRTH

Dec 1 1914
(Month 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*
(Years)(12) BIRTHPLACE *Marion Co.*(13) OCCUPATION *Farmer*(20) Number of children born to mother, including present birth *4*

MOTHER.

(14) NAME BEFORE MARRIAGE *Barrie Rogers*(15) PRESENT POSTOFFICE OF MOTHER *Mullins*(16) COLOR OR RACE *White*(17) AGE AT LAST BIRTHDAY *30*
(Years)(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 *Midwife*(25) Address of Physician or Midwife *Mullins S.C.*

Given name added from a supplemental report

(26) Witness *Dr. W. Schupler*

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

(27) Filed *Jan 11 1915*(28) *Dr. W. Schupler* Local Registrar

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

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