

MARRIAGE CERTIFICATE FOR INDIVIDUALS WHO ARE NOT MARRIED  
 WHERE PLAINLY WITH UNPAID IN FULL OF THE STATE OF SOUTH CAROLINA  
 N. B.—In case of TWIN or TRIPLETS, give name of each child, and mark the  
 FIRST-BORN, No. 1, and the OTHER, No. 2, etc., in question 3.  
 RECORD OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Saluda  
 Township of 42  
 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  
**12740**

Registration District No. 390 Registered No. 32  
 (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 Leggie Pearl Collins If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or Triplet? 1 (5) Number in order of birth 7 (6) Are Parents Married? yes (7) DATE OF BIRTH Feb 15 1922  
 To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME J. C. Collins  
 (9) PRESENT POSTOFFICE OF FATHER Reage Spring  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 38 (Year)  
 (12) BIRTHPLACE Florida  
 (13) OCCUPATION farmer  
 (20) Number of children born to mother, including present birth 7

**MOTHER.**

(14) NAME BEFORE MARRIAGE Leggie Fillion  
 (15) PRESENT POSTOFFICE OF MOTHER Reage Spring  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 31 (Year)  
 (18) BIRTHPLACE Williamburg  
 (19) OCCUPATION housewife  
 (21) Number of children of this mother now living, including present birth 6

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(22) I hereby certify that I attended the birth of this child, who was alive at 1:30 P. M. (Born alive or stillborn) (Hour A. M. or P. M.)  
 on the date above stated.

(23) (Signature) D. B. Smith  
 (24) State whether Physician or Midwife Physo (25) Address of Physician or Midwife Reage Spring

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed May 10 1922 (28) F. L. Cronch 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.

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