

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

File No. — For State Registrar Only

42368

County of Horry

Township of Effie

OR  
Inc. Town of .....

OR  
City of .....

Registration District No. 2004

Registered No. 86  
(For use of Local Registrar)

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 Hubert 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) Are Parents Married? yes

(7) DATE OF BIRTH Dec 11 1922  
(Name of Month) (Day) (Year)

FATHER

MOTHER

(8) FULL NAME Hubert Collins

(14) NAME BEFORE MARRIAGE Breezea Floyd

(9) PRESENT POSTOFFICE OF FATHER Effie Hwy SC

(15) PRESENT POSTOFFICE OF MOTHER

(10) COLOR OR RACE W

(11) AGE AT LAST BIRTHDAY 21  
(Years)

(16) COLOR OR RACE W

(17) AGE AT LAST BIRTHDAY 19  
(Years)

(12) BIRTHPLACE SC

(18) BIRTHPLACE SC

(13) OCCUPATION R R Mechanic

(19) OCCUPATION

(20) Number of children born to mother, including present birth: 1

(21) Number of children of this mother now living, including present birth: 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 6 AM on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Ypigham SC

Given name added from a supplemental report

(26) Witness

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

(27) Local Registrar

(28) Local Registrar

When there was no attending physician or midwife, the father, householder, etc., should make this return. If a child is born alive, even if it dies, it is to be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.