

(1) PLACE OF BIRTH

County of LaurensTownship of Sullivanor
Inc. Town of Route 6or
City of Laurens

(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

File No.—For State Registrar Only

46717

Registration District No. 2906 Registered No. 6

(For use of Local Registrar)

(2) Full Name of Child

Galia Geneva Colledge(3) BOY OR GIRL? girl(4) Twin or Triplet? —(5) Number in order of birth —(6) Are Parents Married? ye(7) DATE OF BIRTH Jan 15 1916

(Month) (Day) (Year)

FATHER.

(8) FULL NAME James William Colledge(9) PRESENT POSTOFFICE OF FATHER Laurens 6 S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 41

(Years)

(12) BIRTHPLACE Laurens S.C.(13) OCCUPATION Farmer(14) NAME BEFORE MARRIAGE Emma Weldon Colledge(15) PRESENT POSTOFFICE OF MOTHER Laurens 6 S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32

(Years)

(18) BIRTHPLACE Laurens S.C.(19) OCCUPATION Housewife(20) Number of children born to mother, including present birth 2(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 3:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. J. Donnan(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Ware House S.C.

Given name added from a supplemental report

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

(27) Filed Jan 20 1916 (28) M. B. Sullivan Local Registrar

Registrar

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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WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN N. No. 1, THE OTHER N. No. 2, etc., in question 5.

M. B. McCaw, of Columbia.

WRIT

McCaw