

(1) PLACE OF BIRTH

County of *Orangeburg*

Township of

or
Inc. Town of *Holly Hill*or
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. *3609*

File No.—For State Registrar Only

19701

Registered No. *84*
(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child *Jacob Collier*

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet?

C

(5) Number in order of birth

1

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

June 17, 1977

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Rufus Collier

(9) PRESENT POSTOFFICE OF FATHER

Holly Hill S.C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

38

(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Minnie Jenkins

(15) PRESENT POSTOFFICE OF MOTHER

Holly Hill S.C.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

27

(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Farmer

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

5

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

5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature)

Anna Sweet

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

*Midwife**Holly Hill S.C.*

Given name added from a supplemental report

(26) Witness

M. Seesman

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

(27) Filed

June 24, 1977

(28)

H. M. Seesman

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.

IN CASE OF TWINS OR TRIPLETS, USE A SEPARATE BLANK FOR EACH CHILD, and IN CASE OF FIRST-BORN, NO. 1. THE OTHER, NO. 2, etc., in question 5.

MACAM OF COLUMBIA, COLUMBIA, S. C.