

(1) PLACE OF BIRTH

County of *Adams*Township of *Felkys*Inc. Town of *or*City of *(No.)*

(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

43300

Registration District No. *2508*Registered No. *1249*
(For use of Local Registrar)2) Full Name of Child *Marion Fayd Collins* If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? *Girl*(4) Twin or Triplet? *—*(5) Number in order of birth *1*

To be answered only in case of Twins or Triplets

(6) Are Parents Married? *Yes*(7) DATE OF BIRTH *Dec 6 1905*
(Name of Month) (Day) (Year)

FATHER.

(9) FULL NAME *Marion Collins*(10) PRESENT POSTOFFICE OF FATHER *Nichols St*(11) COLOR OR RACE *White*(12) AGE AT LAST BIRTHDAY *26*

(Years)

(13) BIRTHPLACE *Harvey Co*(14) OCCUPATION *Farmer*(15) Number of children born to mother, including present birth *2*

MOTHER.

(16) NAME BEFORE MARRIAGE *Gertie Cargue*(17) PRESENT POSTOFFICE OF MOTHER *Nichols St*(18) COLOR OR RACE *White*(19) AGE AT LAST BIRTHDAY *18*

(Years)

(20) BIRTHPLACE *Harvey Co*(21) OCCUPATION *Housewife*(22) Number of children of this mother now living, including present birth *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(23) I hereby certify that I attended the birth of this child, who was *born* at *5* *P.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(24) (Signature) *Laura S. Kipper*

(25) State whether Physician or Midwife

(26) Address of Physician or Midwife *Nichols St*

(Given name added from a supplemental report)

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Registrar

(27) Witness

(Signature of Witness necessary only when question 23 is signed for (Mark))

(28) Filed *Dec 8 1905*(29) *S. C. Williams* 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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