(1) PLACE OF BIRTH

County of Anderson

Township of .....

or

Inc. Town of Williamston

or

City of .....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

2767

Registration District No. 3-C Registered No. 27

(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 Willie Austin Collins

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

(3) BOY OR GIRL	(4) Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married	(7) DATE OF BIRTH
Boy			Yes	Feb 10 1923 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.	MOTHER.
(8) FULL NAME Wm Malachi Collins	(14) NAME BEFORE MARRIAGE Zina Henson
(9) PRESENT POSTOFFICE OF FATHER Williamston	(15) PRESENT POSTOFFICE OF MOTHER Williamston
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 35 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 32 (Years)
(12) BIRTHPLACE S. C.	(18) BIRTHPLACE Jackson C., N. C
(13) OCCUPATION Spinner	(19) OCCUPATION Housewife
(20) Number of children born to mother, including present birth 8	(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 8:30 A.M., on the date above stated.

(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. T. Lander

(24) State whether Physician or Midwife M. D.

(25) Address of Physician or Midwife Williamston

Given name added from a supplemental report

..... 19 ....

Registrar

(26) Witness .....

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

(27) Filed 3-9- 1923 (28) Gillian Russell

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, No. 1, THE OTHER, No. 2, etc., in question 3.

Bureau of Columbia, Columbia, S. C.