

(1) PLACE OF BIRTH

County of OrangeburgTownship of Ellenor
Inc. Town ofCity of (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 George CollierFile No. — For State Registrar Only
31621

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 3605 Registered No. 89
(For use of Local Registrar)(3) SEX OF CHILD Boy (4) Twins or Triplet? No (5) Number in order of birth 1 (6) Age Parents Married? Yes (7) DATE OF BIRTH Sept 14 1914
(Name of Month) (Day) (Year)FATHER
(8) FULL NAME Lee Collier
(9) PRESENT POSTOFFICE OF FATHER Ellen
(10) COLOR OR RACE Ngr (11) AGE AT LAST BIRTHDAY 23 (Years)
(12) BIRTHPLACE Ellen
(13) OCCUPATION FarmerMOTHER
(14) NAME BEFORE MARRIAGE Maria Easterling
(15) PRESENT POSTOFFICE OF MOTHER Ellen
(16) COLOR OR RACE Ngr (17) AGE AT LAST BIRTHDAY 21 (Years)
(18) BIRTHPLACE Ellen
(19) OCCUPATION Farm House(20) Number of children born to mother, including present birth 4 (21) Number of children of this mother now living, including present 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 3 A. M.
on the date above stated. (If dead live or stillborn) (Hour A. M. or P. M.)
Ella L. Hester(23) (Signature) Ella L. Hester(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Ellen Ellen

Given name added from a supplemental report

(26) Witness W. F. Hester
(Signature of Witness necessary only when question 23 is signed by party)(27) Filed Sept 14 1914 (28) W. F. Hester
Registrar Local Registrar*When there was no attending physician or midwife, then the father, householder, etc., should make this statement.
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.