

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 H. K.—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 5.
 McCaw, of Columbia

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Registrar Only
19556

(1) PLACE OF BIRTH
 County of Greenwood
 Township of Omeal
 or
 Inc. Town of
 or
 City of
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)
 Registration District No. 2213 Registered No. 10
 (For use of Local Registrar)

(2) Full Name of Child Hazel Asalee } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>July 5 1916</u> <small>(Name of Month) (Day) (Year)</small>
------------------------------	--	------------------------------	-------------------------------------	---

FATHER.

(8) FULL NAME J. G. Collins

(9) PRESENT POSTOFFICE OF FATHER Taylor's C. R. #

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 21 (Years)

(12) BIRTHPLACE Greenwood Co. S. C.

(13) OCCUPATION Farm work

(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Miriam Purvis

(15) PRESENT POSTOFFICE OF MOTHER Taylor's C. R. #

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Years)

(18) BIRTHPLACE Greenwood Co. S. C.

(19) OCCUPATION Housewife

(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 9:30 A. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. S. Barnes
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Taylor's C. R. #

Given name added from a supplemental report
 191.....
 Registrar

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Mar 8 1916 (28) Albert W. News
 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.