

(1) PLACE OF BIRTH

County of York
Township of Gillis
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

No. for State Registrar Only

4360

Registration District No. 2804

Registered No. 26
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Joseph Sidney Collins If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy

(4) Twin or Triplet none

(5) Number in order of birth Two

(6) Age of Parent 4 yrs

(7) DATE OF BIRTH January 16, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME J. J. Collins

(9) PRESENT POSTOFFICE OF FATHER York

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33 (Year)

(12) BIRTHPLACE York

(13) OCCUPATION Cotton mill work

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

MOTHER.

(14) NAME BEFORE MARRIAGE W. J. Collins

(15) PRESENT POSTOFFICE OF MOTHER York

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 2 (Year)

(18) BIRTHPLACE York

(19) OCCUPATION Housewife

(20) Number of children of this mother and father, including present birth Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was born on the date above stated. (Born alive or stillborn) Hour 6:28 M., or P. M.

(22) Address of Physician or Midwife York

(23) Signature of Physician or Midwife J. J. Collins

(24) Signature of Registrar J. J. Collins

(25) Signature of Registrar J. J. Collins

(26) Signature of Registrar J. J. Collins