

Form No. 1

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. - For State Registration

2914

County of DarlingtonTownship of Blackville

OF

Inc. Town of

OF

City of

Registration District No. 5.A.7. Registered No. 121

(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 Jessie Collins (If child is not yet named, make supplemental report as directed)

(a) BOY OR GIRL <u>Boy</u>	(b) Type or Triplet To be covered only in case of Twins or Triplets	(c) Number in order of birth	(d) Sex Female <u>Yes</u>	(e) DATE OF BIRTH <u>Jan. 16, 1923</u>
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FATHER.		MOTHER.	
(1) FULL NAME <u>Roy Collins</u>	(14) NAME BEFORE MARRIAGE <u>Ursula Wright</u>	(16) PRESENT POSTOFFICE OF FATHER <u>Blackville</u>	(16) PRESENT POSTOFFICE OF MOTHER <u>Blackville</u>
(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>27</u>	(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>25</u>
(12) BIRTHPLACE <u>S. C.</u>	(12) OCCUPATION <u>Farm</u>	(12) BIRTHPLACE <u>S. C.</u>	(12) OCCUPATION <u>S. C.</u>
(13) OCCUPATION <u>Farm</u>	(13) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT BIRTH <u>1</u>	(13) OCCUPATION <u>S. C.</u>	(13) NUMBER OF CHILDREN OF THIS MOTHER NOW ALIVE, INCLUDING PRESENT BIRTH <u>1</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was Alive at Y. C. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) Emilia Barclay(24) State whether Physician or Midwife (26) Address of Physician or Midwife Midwife

Given name added from a supplemental report

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

(27) Filed Feb 10, 1923 (29) U. C. M. Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make the report. 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.