

1. PLACE OF BIRTH

County of Spartanburg  
 Township of Edginghills  
 Inc. Town of .....  
 City of .....  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only  
**50461**

Registration District No. 4001 Registered No. 113  
 (For use of Local Registrar)  
 St.; ..... Ward

2. Full Name of Child Barney Ethel Williams  
 If child is not yet named, make appropriate report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u> <small>To be answered only in case of twins or triplets</small>	(5) Number in order of birth <u>3</u>	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>Feb 18 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME James A. Collins  
 (9) PRESENT POSTOFFICE OF FATHER Union  
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33 (Years)  
 (12) BIRTHPLACE Spartanburg Co  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 23

MOTHER.

(14) NAME BEFORE MARRIAGE Hella Boynton  
 (15) PRESENT POSTOFFICE OF MOTHER Union  
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 31 (Years)  
 (18) BIRTHPLACE Spartanburg Co  
 (19) OCCUPATION Domestic  
 (21) Number of children of this mother now living, including present birth 23

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) H. G. Bell  
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Spartanburg #1

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 7 1916

(28)

A. H. Burton  
 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.

fifth month of pregnancy.

MARGIN RESERVED FOR FINDING. FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.  
 WRITE PLAINLY, WITH INK—THIS IS A PERMANENT RECORD.  
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the