CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
88484

(1) PLACE OF BIRTH

County of Barnwell

Township of Sweet Creek

or

Inc. Town of Hilda Registration District No. 505 Registered No. 32

or

City of ..... (No. ..... St.; ..... Ward)

(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. David James Collins { If child is not yet named, make supplemental report as directed

(3) BOY ~~OR~~ GIRL

(4) Twin or Triplet? No

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married? yes

(7) DATE OF BIRTH Nov. 25, 1916 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Wm. T. Collins	(14) NAME BEFORE MARRIAGE Alice Rowell
(9) PRESENT POSTOFFICE OF FATHER Hilda	(15) PRESENT POSTOFFICE OF MOTHER Hilda
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 50 (Years)	(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 41 (Years)
(12) BIRTHPLACE Barnwell Co	(18) BIRTHPLACE Orangeburg Co
(13) OCCUPATION Farmer	(19) OCCUPATION Housewife
(20) Number of children born to mother, including present birth { 7	(21) Number of children of this mother now living, including present birth { 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 10 45 P. M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) A. R. Briggs M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

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 Dec. 5 1916. (28) R. R. Kirkland 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.

before the fifth month of pregnancy.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child.

FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

Law, of Columbia.