

## (1) PLACE OF BIRTH

County of

York

Township of

or  
In. Town of

City of

Rock Hill

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—for State Registrar Only

8857

Registration District No. 44 B

Registered No. 44

(For use of Local Registrar)

(2) Full Name of Child William Fred Collins

If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL

(4) Twin or triplet?

To be answered only in event of twins or triplets

(5) Number in order of birth 3rd

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Fred Lee Collins

(9) PRESENT POSTOFFICE OF FATHER

Rock Hill S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY 24 (Years)

(12) BIRTHPLACE

Columbia S.C.

(13) OCCUPATION

Machine Operator

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

1st

## MOTHER.

(15) NAME BEFORE MARRIAGE

Corrie L. Collins

(16) PRESENT POSTOFFICE OF MOTHER

Rock Hill S.C.

(17) COLOR OR RACE

white

(18) AGE AT LAST BIRTHDAY 24 (Years)

(19) BIRTHPLACE

Columbia S.C.

(20) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

1st

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was (Born alive or stillborn) at 1:45 P.M. on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) F. S. Collins (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed 3/14/23

1923

(28)

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.

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