

(1) PLACE OF BIRTH

County of MarionTownship of Leavesor
Inc. Town of.....or
City of.....

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3705 Registered No. 152

(For use of Local Registrar)

(No. St.; Ward)

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

(2) Full Name of Child Ernest Arthur Collins

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>-</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>-</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 10 22</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Wade Hampton Collins(9) PRESENT POSTOFFICE OF FATHER Mullins S.C.(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 39
(Years)(12) BIRTHPLACE Marion County S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 8

MOTHER.

(14) NAME BEFORE MARRIAGE Meloth Williamson(15) PRESENT POSTOFFICE OF MOTHER Mullins S.C.(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 34
(Years)(18) BIRTHPLACE Marion County S.C.(19) OCCUPATION House work(21) Number of children of this mother now living, including present birth 8

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 7:30 P.M.
on the date above stated. (Born alive or stillborn) (Hour or P. M.)(23) (Signature) J. H. Smith M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

PhysicianMullins S.C.

Given name added from a supplemental report

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

(27) Filed Jan 9 13 (28) J. H. Smith 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.