

(1) PLACE OF BIRTH

County of WayneTownship of Bricks

Inc. Town of

City of

(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

30708

Registration District No. 2501 Registered No. 73
(For use of Local Registrar)(2) Full Name of Child Little Lee Collins { If child is not yet named, make supplemental report as directed.

(3) BOY OR GIRL

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

Sept 3, 1943
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Edward Collins

(9) PRESENT POSTOFFICE OF FATHER

Bricksport SC

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

46
(Years)

(12) BIRTHPLACE

Warren County SC

(13) OCCUPATION

Farm

MOTHER.

(14) NAME BEFORE MARRIAGE

Flourmore

(15) PRESENT POSTOFFICE OF MOTHER

Bricksport SC

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

39
(Years)

(18) BIRTHPLACE

Wayne County SC

(19) OCCUPATION

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

8

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

7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born at 11:25 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

M. B. WoodwardC. Cannon Registrar

(26) Witness

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

(27) Filed Sept 18 1943(28) C. Cannon 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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