

(1) PLACE OF BIRTH

County of SpartanburgTownship of PS

or Inc. Town of _____

City of _____

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. _____

File No. — For State Registrar Only

12839

Registered No. 40

(For use of Local Registrar)

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

Collins

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

(3) BOY OR GIRL

girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

No

(7) DATE OF BIRTH

March 19, 1922

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

D. Muel

(9) PRESENT POSTOFFICE OF FATHER

Green SC B7W

(10) COLOR OR RACE

B

(11) AGE AT LAST BIRTHDAY

25

(Years)

(12) BIRTHPLACE

Unknown

(13) OCCUPATION

Laborer

MOTHER.

(14) NAME BEFORE MARRIAGE

Addie Collins

(15) PRESENT POSTOFFICE OF MOTHER

Green SC B7W 1

(16) COLOR OR RACE

B

(17) AGE AT LAST BIRTHDAY

20

(Years)

(18) BIRTHPLACE

Spartanburg Co

(19) OCCUPATION

Domestic

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

one

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

one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 5 P.M. on the date above stated. (born alive or stillborn) (Time or P.M.)

(23) (Signature)

Thum Collins

(24) State whether Physician or Midwife

Physician

(25) Address of Physician or Midwife

Green SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed

May 1419 22

(28)

J. C. Moore

Local Registrar

19 _____

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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