

(1) PLACE OF BIRTH

County of AndersonTownship of Brushy Creek

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 342 Registered No. 97

(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 Mabel Collins If child is not yet named, make supplemental report as directed(3) SEX girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Aug 25 1923

FATHER.

(8) FULL NAME John Collins(9) PRESENT POSTOFFICE OF FATHER Pickens #1(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 30 (Year)(12) BIRTHPLACE Pickens Co(13) OCCUPATION farmer(14) NAME BEFORE MARRIAGE Jeda Dearite(15) PRESENT POSTOFFICE OF MOTHER Pickens #1(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 35 (Year)(18) BIRTHPLACE Pickens Co(19) OCCUPATION farmer(20) Number of children born to mother, including present birth 10(21) Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(23) (Signature) Batista Halen (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Coastal #5

Given name added from a supplemental report

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

(27) Filed Aug 25 1923 (28) John Collins Local Registrar

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.