

(1) PLACE OF BIRTH

County of Florence
 Township of Lytle
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

No. 10.—For Birth Registration
20983

Registration District No. 2010 Registered No. 37
 (For use of Local Registrar)

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

(2) Full Name of Child Glady Collins If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD Girl (4) Type or Figure 400 (5) DATE July 21, 1923
 To be completed in case of Twin or Triplets

FATHER
 (6) FULL NAME Wylie H. Collins
 (7) PRESENT RESIDENCE OF FATHER Cowards. S.C.
 (8) COLOR OR RACE White (9) AGE AT LAST BIRTHDAY 30
 (10) BIRTHPLACE S.C.
 (11) OCCUPATION Farmer
 (12) Number of children born to mother, including present birth 5

MOTHER
 (13) FULL NAME Minnie P. Boash
 (14) PRESENT RESIDENCE OF MOTHER Cowards. S.C.
 (15) COLOR OR RACE White (16) AGE AT LAST BIRTHDAY 24
 (17) BIRTHPLACE S.C.
 (18) OCCUPATION Housewife
 (19) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. (21) (Signature) Maggie H. Lucas (22) Date whether Physician or Midwife the Surge (23) Address of Physician or Midwife Cowards. S.C.

Given name added from a supplemental report
 (24) Witness E. P. Montgomery (25) (Signature of Witness necessary only when question 23 is signed by physician)
 (26) Filed Aug. 9, 1923 (27) 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.