

WRITE PLAINLY, WITH ENLARGED INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the  
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.  
MORGAN & COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of LEXINGTON  
Township of SANDY RUN  
or  
Inc. Town of.....  
or  
City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only  
**19404**

Registration District No. 3117 Registered No. 16  
(For use of Local Registrar)

City of..... (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 Collier Albert If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? ☒ (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 3 4 19  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Don Albert  
(9) PRESENT POSTOFFICE OF FATHER Sandy Run  
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 30  
(Years) (12) BIRTHPLACE Lexington Co  
(13) OCCUPATION Farmer

MOTHER.  
(14) NAME BEFORE MARRIAGE Marlin  
(15) PRESENT POSTOFFICE OF MOTHER Sandy Run  
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 30  
(Years) (18) BIRTHPLACE Lexington Co  
(19) OCCUPATION Housewife

(20) Number of children born to mother, including present birth 4 (21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 12 miles  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Susan Johnson  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Sandy Run

Given name added from a supplemental report  
.....  
....., 19....  
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
J. J. [Signature]  
(27) Filed July 1 19 (28) J. J. [Signature] 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.