

(1) PLACE OF BIRTH

County of Butler  
 Township of Wetzel  
 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

90494

Registration District No. 2704 Registered No. 7712  
 (For use of Local Registrar)

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 30 1916</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Isaac Collins  
 (9) PRESENT POSTOFFICE OF FATHER Lugoff, S.C.  
 (10) COLOR OR RACE Negro AGE AT LAST BIRTHDAY 33 (Years)  
 (12) BIRTHPLACE County  
 (13) OCCUPATION Public Works  
 (20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Henrietta Johnson  
 (15) PRESENT POSTOFFICE OF MOTHER Lugoff, S.C.  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 41 (Years)  
 (18) BIRTHPLACE County  
 (19) OCCUPATION Public Works  
 (21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 4 M., on the date above stated.  
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Katie Anderson  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Lugoff, S.C.

Given name added from a supplemental report

L. A. Piseri, M.D.  
9.12.8/43, 19 ..  
 Registrar

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

(27) Filed Jan 4 1917 (28) R. H. Thurman 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.