

**1(1) PLACE OF BIRTH**

County of Harrison.....  
Township of Lincoln Creek.....  
OF  
Inc. Town of.....  
or  
City of .....

**CERTIFICATE OF BIRTH**  
**STATE OF SOUTH CAROLINA**  
**Bureau of Vital Statistics**  
**State Board of Health**

Registration District No. **7207**

File No.—For State Registrar Only  
36374

Registered No. 20.....  
(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 Debra Leavins ----- If child is not yet named, make supplemental report as directed

(2) <b>BOY OR GIRL?</b> BOY	(4) <b>Twin or Triplet?</b> To be answered only in event of Twin or Triplet	(5) <b>Number in order of birth</b> <del>1</del>	(6) <b>Are Parents Married?</b> YES	(7) <b>DATE OF BIRTH</b> (Name of Month) (Day) (Year) JUN 3 <sup>rd</sup> 1973
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# FATHER.

(b) FULL NAME *J. W. Collins*

(b) PRESENT POSTOFFICE OF FATHER *1212 1/2 St. Louis*

(10) COLOR OR RACE *Black* (11) AGE AT LAST BIRTHDAY *44* (Years)

(12) BIRTHPLACE

(15) OCCUPATION

**MOTHER.**

(14) NAME BEFORE MARRIAGE Laura Fleming

(18) PRESENT POSTOFFICE OF MOTHER *Chesapeake St.*

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36 (Years)

(10) BIRTHPLACE

(10) OCCUPATION

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 . . . . . M.,  
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) CELVIA L. S.  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

(Given name added from a supplemental report)

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

(27) Filed 11/3 1953 (28) 10/10/53 Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the last month of pregnancy.