

(1) PLACE OF BIRTH

County of Greenville

Township of

or

Inc. Town of See Vol. 42 Registration District No. 2205A Registered No. 536
(For use of Local Registrar)

or

City of Greenville (No. 557 Moody St. St.; Mon. Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child No - 34683

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 <u>3</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Oct. 24</u> 19 <u>22</u> (Name of Month) (Day) (Year)
FATHER		MOTHER		
(8) FULL NAME <u>Leroy Collins</u>		(14) NAME BEFORE MARRIAGE <u>Minnie Lee Hembree</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>55 Moody St. Mon.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>same</u>		
(10) COLOR OR RACE <u>27 W</u>	(11) AGE AT LAST BIRTHDAY <u>27</u> (Years)	(16) COLOR OR RACE <u>W.</u>	(17) AGE AT LAST BIRTHDAY <u>23</u> (Years)	
(12) BIRTHPLACE <u>Colorado</u>		(18) BIRTHPLACE <u>S. C.</u>		
(13) OCCUPATION <u>Rancher & House boy.</u>		(19) OCCUPATION <u>housework</u>		
(20) Number of children born to mother, including present birth <u>3</u>		(21) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 10 M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) John B. Burrell M.D.

(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 by mark)

(27) Date

19

(28)

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 be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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