

PLACE OF BIRTH

County of Marion
 Township of Leaves

CERTIFICATE OF BIRTH

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

No. for State Registrar Only

29300

Registration District No. 3705

Registered No. 76
 (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.)

Full Name of Child Robert H. Collins If child is not yet named, make supplemental report as directed

1 SEX OF CHILD Boy 2 Type or Triplet - 3 Number in order of birth - 4 Are Parents Married Yes 5 DATE OF BIRTH July 25 1924
 To be answered only in event of Twins or Triplets (Month of Month) (Day) (Year)

FATHER.

6 FULL NAME Meil Carmichael Collins

7 PRESENT POSTOFFICE OF FATHER Mullins SC

8 COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 35 (Year)

9 BIRTHPLACE Marion County SC

10 OCCUPATION Farmer

12 Number of children born to father, including present birth 6

MOTHER.

13 NAME BEFORE MARRIAGE Bessie Smith

14 PRESENT POSTOFFICE OF MOTHER Mullins SC

15 COLOR OR RACE W (16) AGE AT LAST BIRTHDAY 28 (Year)

16 BIRTHPLACE Marion County SC

17 OCCUPATION House work

18 (Number of children of this mother now living, including present birth) 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(19) I hereby certify that I attended the birth of this child, who was born alive at 7 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(20) (Signature) J. H. Smith

(21) State whether Physician or Midwife Physician

(22) Address of Physician or Midwife Marion County SC

Give name added from a supplemental report

James Harvey

Jan 26 1924 Registrar

(23) Witness

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

(24) Filed 9/20/24

(25)

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.

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