

## (1) PLACE OF BIRTH

County of MarionburgTownship of Beech Springsor  
Inc. Town of .....or  
City of .....

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## (2) Full Name of Child

Nilda Collins

File No.—For State Registrar Only

16685

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthRegistration District No. 40-8Registered No. 93

(For use of Local Registrar)

(No. .... St.; .... Ward)

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

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

May 30 1922

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

W. Edward Collins

(9) PRESENT POSTOFFICE OF FATHER

Imuauk

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

31

(12) BIRTHPLACE

Int'l Co. S.C.

(13) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

6

## MOTHER.

(14) NAME BEFORE MARRIAGE

Theresa Collins

(15) PRESENT POSTOFFICE OF MOTHER

Imuauk

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

30

(18) BIRTHPLACE

Charleston, S.C.

(19) OCCUPATION

Housewife

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

6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive at 1 P. M., on the date above stated. (Born alive or stillborn) (Hour of M. or P. M.)

(23) (Signature)

(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) Filed

June 1 1922

(28)

E. A. Peters

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.