

## (1) PLACE OF BIRTH

County of FlorenceTownship of ...or Inc. Town of ...

or

City of ... (No. .... St.; .... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

File No.—For State Registrar Only

42411

Registration District No. 200Registered No. 101  
(For use of Local Registrar)

## (2) Full Name of Child

(1) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Dec 2 1912  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Clarence Collins(9) PRESENT POSTOFFICE OF FATHER Lake City SC(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 44 (Years)(12) BIRTHPLACE Florence Co(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Minnie Maria Pester(15) PRESENT POSTOFFICE OF MOTHER Lake City(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34 (Years)(18) BIRTHPLACE Florence Co(19) OCCUPATION House(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 Alive at 2:30 A M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) C. Foster (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Lake City SC

Given name added from a supplemental report

(26) Witness ... (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed 1/7/28 (28) R. W. Carter Local Registrar

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.