

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.

N.B.—In case of TWINS or TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

Cav. of Columbia

## (1) PLACE OF BIRTH

County of Bamberg  
Township of Beauf. Bridgeor  
Inc. Town of  
or

City of

(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

58641

Registration District No. 401 Registered No. 38

(For use of Local Registrar)

## (2) Full Name of Child

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

(3) BOY OR GIRL?

Boy

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

4

(5) Number in order of birth

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

April 30 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Jas. W. Collins

(9) PRESENT POSTOFFICE OF FATHER

Alar, S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

30

(Years)

(12) BIRTHPLACE

Barnwell co.

(13) OCCUPATION

Farmer

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

4

## MOTHER.

(14) NAME BEFORE MARRIAGE

Mrs. Ginnels

(15) PRESENT POSTOFFICE OF MOTHER

Alar, S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

23

(Years)

(18) BIRTHPLACE

Bamberg co.

(19) OCCUPATION

Housewife & farm laborer

(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 8:30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

J. R. M. Cormack M.D.  
Physician Alar S.C.

Given name added from a supplemental report

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Registrar

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed May 1, 1916

(28)

C. R. Ray

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.

fifth month of pregnancy.

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