

## (1) PLACE OF BIRTH

County of BambergTownship of Beauf Bridgeor  
Inc. Town ofor  
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. 401Registered 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? No (5) Number in order of birth 4 (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 25  
(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 P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. R. M. Cornwell M.D.  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife 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) Filled May 1, 1916

(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 not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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