

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Keadsville
 or
 In Town of
 or
 City of (No. St. Ward)

CERTIFICATE OF BIRTH

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

No. for State Register Only

37726 X

Registration District No. H.A.R.I.Registered No. 13
(For use of Local Registrar)

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

(2) Full Name of Child Olivia Ansel Collins

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

(3) SEX OF CHILD Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH Nov. 12, 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Bonnie Collins
 (9) PRESENT POSTOFFICE OF FATHER Spartanburg S.C. R. 5
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 25
 (12) BIRTHPLACE S.C.

(13) OCCUPATION Farming(14) Number of children born to father, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Eunice Mary Powell
 (15) PRESENT POSTOFFICE OF MOTHER Spartanburg S.C. R. 5
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26
 (18) BIRTHPLACE S.C.

(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Alive at 6 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(22) (Signature) J. J. Wright (23) State whether Physician or Midwife Midwife(24) Address of Physician or Midwife Summit St.

Give name added from a supplemental report

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

(26) Place Spartanburg S.C. (27) 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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