2/12/24

Form No. 1

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
41383

(1) PLACE OF BIRTH

County of Lee

Township of Bishopville
or
Inc. Town of .....
or
City of .....

Registration District No. 3 Registered No. 67
(For use of Local Registrar)

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

(2) Full Name of Child Annie Collins — If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? yes	(7) DATE OF BIRTH Dec 21 1923 (Name of Month) (Day) (Year)
	To be answered only in event of Twins or Triplets			

FATHER.		MOTHER.	
(8) FULL NAME	Charlie Collins	(14) NAME BEFORE MARRIAGE	Mattie Collins
(9) PRESENT POSTOFFICE OF FATHER	Bishopville S.C.	(15) PRESENT POSTOFFICE OF MOTHER	Bishopville S.C.
(10) COLOR OR RACE	Col	(16) COLOR OR RACE	Col
(11) AGE AT LAST BIRTHDAY	28 (Years)	(17) AGE AT LAST BIRTHDAY	26 (Years)
(12) BIRTHPLACE	Bishopville S.C.	(18) BIRTHPLACE	Bishopville S.C.
(13) OCCUPATION	Day Laber	(19) OCCUPATION	Domestic
(20) Number of children born to mother, including present birth	1	(21) Number of children of this mother now living, including present birth	1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was ..... at 10 P.M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Rosa Slater

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Bishopville S.C.

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed Dec 1923. (28) Mrs. N. J. Laney
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.

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