

(1) PLACE OF BIRTH  
County of Horry,  
Township of Beatts,  
OR  
Inc. Town of .....  
OR  
City of .....

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

File No.—For State Registrar Only  
**64778**

Registration District No. 2501 Registered No. 39  
(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 Edna Christine Collins If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? 1 (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 8, 1916  
(Indemnity only in case of twins or triplets) (Name of Month) (Day) (Year)

**FATHER.**  
(8) FULL NAME Theodore Collins  
(9) PRESENT POSTOFFICE OF FATHER Loddiville  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24 (Years)  
(12) BIRTHPLACE Horry Co S.C., Loddiville S.C.  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 1 1

**MOTHER.**  
(14) NAME BEFORE MARRIAGE Nezzie Causey  
(15) PRESENT POSTOFFICE OF MOTHER Loddiville  
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 25 (Years)  
(18) BIRTHPLACE Horry Co S.C., Loddiville  
(19) OCCUPATION house wife  
(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 Born at Loddiville, S.C. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
(23) (Signature) Alice Brown  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Murrells Inlet S.C.

Given name added from a supplemental report  
..... 191.....  
.....  
Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed June 13, 1916 (28) S. H. Bourne Local Registrar

MARGIN RESERVED FOR BINDING.  
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.  
McCaw, of Columbia

\*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.