

Form No 1.

(1) PLACE OF BIRTH

County of York
Township of Etowah

Inc. Town of

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

54180

Registration District No. A405 Registered No. 335

(For use of Local Registrar)

City of

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

(2) Full Name of Child Becca Collins(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? Yes(7) DATE OF BIRTH Mar 21

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Colin Collins(9) PRESENT POSTOFFICE OF FATHER Rockledge(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 27 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth { 3 }

MOTHER.

(14) NAME BEFORE MARRIAGE Agnes Collins(15) PRESENT POSTOFFICE OF MOTHER Rockledge(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Farmer(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 alive on the date above stated. (Hour A. M. or P. M.)(23) (Signature) John H. H.

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

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 11 is signed by nurse)

(27) Filed 4/10/17(28) James Local Registrar

When there was no attending physician or midwife, then the father, householders, etc., should make this report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillborn before the sixth month of pregnancy.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
M. H.—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.
State of Columbia.