

PLACE OF BIRTH

City of Richland

Wardship of

or

Town of

or

City of Columbia, S.C.

(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

Registration District No. 38th(No. 1913 Lervois St.)No. 37397Registered No. 925

(For use of Local Registrar)

Full Name of Child William Elliot Collins

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

BOY OR GIRL boy(4) Type of Twin yes

(5) Number in order of birth

(6) Are Parents Married yes(7) DATE OF BIRTH Nov. 10, 1913

(Name of Month) (Day) (Year)

FATHER.

(1) FULL NAME Essie Collins(2) PRESENT POSTOFFICE OF FATHER Columbia, S.C.(3) COLOR OR RACE colored(11) AGE AT LAST BIRTHDAY 21(4) BIRTHPLACE Columbia, S.C.(5) OCCUPATION Truckman

MOTHER.

(12) NAME BEFORE MARRIAGE Nellie Lambert(13) PRESENT POSTOFFICE OF MOTHER Columbia, S.C.(14) COLOR OR RACE colored(17) AGE AT LAST BIRTHDAY 21(15) BIRTHPLACE Charleston, S.C.(16) OCCUPATION House-Keeping(18) Number of children born to mother, including present birth one(19) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born alive at 12 h. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(21) (Signature) Susan Smith(22) State whether Physician or Midwife midwife(23) Address of Physician or Midwife 1921 Harden St.

(24) Given name added from a supplemental report

(25) Witness James Brown

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

(26) Filed Dec. 1, 1913

(27) Registrar

*When there was no attending physician or midwife, then the father, if a child breathes even once, it must not be reported as stillborn before the fifth month of pregnancy.