

(1) PLACE OF BIRTH

County of Monmouth
Township of Bordaux
or
Inc. Town of
or
City of

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

Registration District No. _____

File No.—For State Registrar Only
39311

Registered No. 172
(For use of Local Registrar)

City of (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 Henry Broadus Collins

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

3) BOY OR GIRL? <i>Boy</i>	4) Twin or Triplet? To be answered only in event of Twins or Triplets	5) Number in order of birth <i>1</i>	6) Are Parents Married? <i>yes</i>	7) DATE OF BIRTH <i>Nov. 23</i> 19 <i>22</i> (Name of Month) (Day) (Year)
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FATHER.

9) FULL NAME *Rayton Hoyt Gallins*

9) PRESENT POSTOFFICE OF FATHER *M^cCormick, R. F. D.*

(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *22*.....
(Years)

(12) BIRTHPLACE *S. C.*

(13) OCCUPATION *Fanning*

20) Number of children born to mother, including present birth *One*

MOTHER.

(14) NAME BEFORE MARRIAGE *Jennie Bell Mann*

(15) PRESENT POSTOFFICE OF MOTHER *M^cConick, R.F., D.*

(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *26* (Years)

(18) BIRTHPLACE *S. C.*

(19) OCCUPATION *Housewife*

(21) Number of children of this mother now living, including present birth *One*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) Signature M. W. Hathaway, M.D. M. G. Gentry, Jr.
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplement-
tal report

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

(27) Filed Dec 10 1922 (28) S. A. [Signature]
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.