

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.

Caw. of Columbia

(1) PLACE OF BIRTH

County of *Columbia*

Township of

or
Inc. Townor
City of *Columbia*

(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

66028

Registration District No. *38A*Registered No. *1260*

(For use of Local Registrar)

(2) Full Names of Child

Willie 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?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Willie Collins

(9) PRESENT POSTOFFICE OF FATHER

Columbia S.C.

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

26 (Years)

(12) BIRTHPLACE

Lawrence S.C.

(13) OCCUPATION

Day Laborer

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

14

MOTHER.

(14) NAME BEFORE MARRIAGE

Laphrae Hopkins

(15) PRESENT POSTOFFICE OF MOTHER

Columbia S.C.

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

24 (Years)

(18) BIRTHPLACE

Hopkins S.C.

(19) OCCUPATION

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

2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *born* at *12:15 a.m.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *L. C. ...*

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

Midwife 1376 Blossom St.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

1911 (28) *...* 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.

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