

Form No. 3

(1) PLACE OF BIRTH

County of Florence

Township of

or

Inc. Town of

or

City of Florence

(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

30125

Registration District No. 20-A Registered No. 270
(For use of Local Registrar)(No. 315 E Evans St.; Ward)(2) Full Name of Child Lucy Gout Pearl Collins child is not yet named, make supplemental report as directed

3) BOY OR GIRL <u>girl</u>	4) Twin or Triplet? To be answered only in event of Twins or Triplets	5) Number in order of birth	6) Are Parents Married? <u>yes</u>	7) DATE OF BIRTH (Name Month) (Day) (Year) <u>9/6 1922</u>
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FATHER

(8) FULL NAME Wesley L. Collins(9) PRESENT POSTOFFICE OF FATHER Florence SC(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 33 (Year)(12) BIRTHPLACE Fredrick Wilmingtan(13) OCCUPATION Engineer(20) Number of children born to mother, including present birth 3

MOTHER

(14) NAME BEFORE MARRIAGE Pearl Coward(15) PRESENT POSTOFFICE OF MOTHER Florence SC(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 32 (Year)(18) BIRTHPLACE Walboro Maine(19) OCCUPATION Housewife(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 alive at 7 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) E. L. [illegible](24) State whether Physician or Midwife (25) Address of Physician or Midwife Florence SC

Given name added from a supplemental report

(26) Witness
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Sept 9 1922 (28) P. H. Brighman 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.