

Form No. 1

(1) PLACE OF BIRTH

County of Richland

Township of .....

Inc. Town of .....

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

No. 1a.—For State Registrar Only

18935

Registration District No. 3813

Registered No. 147

(For use of Local Registrar)

(2) Full Name of Child Victoria Collins

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

(3) SEX OF CHILD Girl (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH 6/4/23  
(Name) (Month) (Day) (Year)

FATHER.  
(8) FULL NAME Harper Collins

(9) PRESENT POST OFFICE OF FATHER Columbia R74

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 28  
(Year)

(12) BIRTHPLACE Easton SC

(13) OCCUPATION Common Labor

(20) Number of children born to mother, including present birth 3

MOTHER.  
(14) NAME BEFORE MARRIAGE Ruth Brunson

(15) PRESENT POST OFFICE OF MOTHER Columbia R74

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 24  
(Year)

(18) BIRTHPLACE Patuxent SC

(19) OCCUPATION House Keeping

(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Ella Brunson (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 23 is signed by mark)

(27) Filed June 11, 1923 (28) W. H. H. H. Registrar

\*When there was no attending physician or midwife, the householder, etc., should make this return.

before the fifth month of pregnancy.