

(1) PLACE OF BIRTH

County of Greenville
Township of Onealor
Inc. Town of
orCity of
(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

64597

Registration District No. 2213Registered No. 40

(For use of Local Registrar)

(2) Full Name of Child Lillie Collins

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth <u>To be answered only in event of Twins or Triplets</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 7th 1916</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME C. J. Collins

(9) PRESENT POSTOFFICE OF FATHER Taylor's L.C. R #2

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 52 (Years)

(12) BIRTHPLACE Greenville C. S. L.C.

(13) OCCUPATION Farm work

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

MOTHER.

(14) NAME BEFORE MARRIAGE Alma Styler

(15) PRESENT POSTOFFICE OF MOTHER Taylor's L.C. R #2

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 30 (Years)

(18) BIRTHPLACE Greenville C. S. L.C.

(19) OCCUPATION Housewife

(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 at 1:45 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. S. Jones

(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 July 8, 1916(28) Albert W. News

Local Registrar.

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.

Registrar

Local Registrar.

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WHEN NON-RESIDENTS ARE BORN IN THIS STATE, THIS IS A SEPARATE BLANK FOR EACH CHILD, AND MARK THE
N. B.—IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE
FIRST-BORN N. B. 1. THE OTHER, N. B. 2, ETC., IN QUESTION 5.