

(1) PLACE OF BIRTH

County of Greenville  
Township of Oneal  
or  
Inc. Town of  
or  
City of

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. 2213 Registered No. 40  
(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.) St.: Ward:

(2) Full Name of Child Lillie Collins } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH June 7<sup>th</sup> 1916  
(Name of Month) (Day) (Year)

FATHER.

MOTHER.

(8) FULL NAME C. J. Collins

(14) NAME BEFORE MARRIAGE Alma Styles

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

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

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

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

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

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

(13) OCCUPATION Farm work

(19) OCCUPATION Housewife

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

(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 Physician (25) Address of Physician or Midwife Taylor's L.C. R #1

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.

\*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 APPLICABLE, THIS IS A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.