

(1) PLACE OF BIRTH

County of ... Charleston, S.C.
 Township of ... Charleston.....
 Inc. Town of.....
 City of

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Register Only

0845

Registration District No. 1102... Registered No. 76.....
 (For use of Local Registrar)

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

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

(3) SEX OR GUILD <u>Boy</u>	(4) Twin or Triplet <u>-</u> To be answered only in case of Twin or Triplet	(5) Number in order of birth <u>-</u>	(6) Age at Birth <u>yes</u>	(7) DATE OF BIRTH <u>Feb 2 1923</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>John Lee Collins</u>			(14) NAME BEFORE MARRIAGE <u>Janie O'Donnell Collins</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Chesler R.F.D. 2</u>			(16) PRESENT POSTOFFICE OF MOTHER <u>Chesler S.C. R.F.D. 2</u>	
(10) COLOR OR RACE <u>white</u>			(17) AGE AT LAST BIRTHDAY <u>34</u> (Years)	
(11) AGE AT LAST BIRTHDAY <u>23</u> (Years)			(18) BIRTHPLACE <u>Chesler Co</u>	
(12) BIRTHPLACE <u>Chesler County</u>			(19) OCCUPATION <u>House Keeper</u>	
(13) OCCUPATION <u>Farmer</u>			(20) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was... born... at... 11:20 A.M.
 on the date above stated. (Normally alive or stillborn) (Hour A.M. or P.M.)

(22) (Signature)

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife

(Given name added from a supplemental report)

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

(26) Filed Feb 20 1923 (27) P. E. Grant 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.

(28) W. H. Grant Local Registrar

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