

(1) PLACE OF BIRTH

County of Lancaster

Township of

or Town of Lancaster

or

City 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

43125

286 76

Registered No.

(For use of Local Registrar)

St.; Ward)

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

2) Full Name of Child Jessie Ernestine Collins(3) BOY OR GIRL? girl(4) Twin or Triplet? one(5) Number in order of birth 4(6) Are Parents Married? yes(7) DATE OF BIRTH December 15

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME K. B. Collins(9) PRESENT POSTOFFICE OF FATHER Lancaster S.C.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 25

(Years)

(12) BIRTHPLACE Macon County S.C.(13) OCCUPATION mechanic(20) Number of children born to mother, including present birth Four (4)

MOTHER.

(14) NAME BEFORE MARRIAGE Bessie Levenshaw(15) PRESENT POSTOFFICE OF MOTHER Lancaster S.C.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 26

(Years)

(18) BIRTHPLACE Lancaster County S.C.(19) OCCUPATION House Work(21) Number of children of this mother now living, including present birth Four (4)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 4:15 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. D. Thompson(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Lancaster S.C.

Given name added from a supplemental report

9-25-39Martin B. Woodward, M.D.

Registrar

Assistant State Registrar

(26) Witness

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

(27) Filed 1-1-23

(28)

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.

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