

(1) PLACE OF BIRTH

County of Marion
 Township of Reaves
 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

27142

Registration District No. 3705Registered No. 60
(For use of Local Registrar)

(No. St.; Ward)

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

(2) Full Name of Child

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 8, 1922
 (Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Allen Collins9) PRESENT POSTOFFICE OF FATHER Mullins SC10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 47 (Years)12) BIRTHPLACE Marion County13) OCCUPATION Farmer20) Number of children born to mother, including present birth 9

MOTHER.

(14) NAME BEFORE MARRIAGE Mellie Jones(15) PRESENT POSTOFFICE OF MOTHER Mullins SC(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 40 (Years)(18) BIRTHPLACE Marion County SC(19) OCCUPATION House work(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was... Born alive... at... 11 A.M....
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. H. Smith M.D.(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Mullins SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed July 28, 1922 (28) J. M. Schaffer 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

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