

Form No. 1

(1) PLACE OF BIRTH

County of *Harley*Township of *Wayds*

or

Inc. Town of

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

90394

Registration District No. *2508*Registered No. *124*

(For use of Local Registrar)

(2) Full Name of Child *Letha May Coleman*

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

To be answered only in event of Twins or Triplets

(6) Are Parents Married? *yes*(7) DATE OF BIRTH *Dec 22 1916*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Wm S Coleman*(9) PRESENT POSTOFFICE OF FATHER *Causey S.C.*(10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *57* (Years)(12) BIRTHPLACE *N.C.*(13) OCCUPATION *Laborer*(20) Number of children born to mother, including present birth *5*

MOTHER.

(14) NAME BEFORE MARRIAGE *Francis Soles*(15) PRESENT POSTOFFICE OF MOTHER *Causey S.C.*(16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *29* (Years)(18) BIRTHPLACE *N.C.*(19) OCCUPATION *Housewife*(21) Number of children of this mother now living, including present birth *5*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *Alive* at *3* *P.M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *J. M. Darden M.D.*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Fair Bluff N.C.

Given name added from a supplemental report

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Registrar

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

(27) Filed *Jan 1 1917* (28) *S.E. Williamson* 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.

McCaw, of Columbia FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.