

MADEIN CONSERVED FOR BOTTING.

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

44708

(If birth occurs in a hospital, on _____)

Registration District No. Registered No. 3722 ..
(For use of Local Members)

(2) Full Name of Child Gloria Cakuran [If child is not yet named, make appointments report as directed]

(3) BOY OR GIRL <i>Girl</i>	(4) Type of Trip or Transfer To be returned only in spirit of Union or National	(5) Chapter in order of birth	(6) Age Group 10-12	(7) DATE OF BIRTH <i>Oct. 15 - 20</i> (Month) (Day) (Year)
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FATHER.

NAME Horace R. Coleman

(10) PRESENT CUSTODIAN OF PAPER Mullins v.e.

(10) COLOR *tel* (11) AGE AT LAST BIRTHDAY *42*

Calcutta, C. 2. 6

(15) OCCUPATION _____

Farmer

CERTIFICATE OF ATTENDANCE

NOTES

(10) NAME OF THE Gladys Williams

(2) PRESENT
CITY OF NEW YORK
Mullins S.C.

(10) COLOR *w* (11) AGE AT LAST BIRTHDAY *31*

(7) ENTRANCE *Children, Fla.*

(10) OCCUPATION Th. F. Smith

Handwritten: Handwritten

PHYSICIAN OR MIDWIFE:

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was John Oliver M.,
on the date above stated. 7 (Born alive or stillborn) (Hour A. M. or P. M.)

(25) (Signature) Mark R. Marshall
(26) State whether: Physician or Midwife (27) Address of Physician or Midwife

Given name added from a supplemental report

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

(107) FROM *Office 44* (20) *to R. ...*

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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