

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Granville
Township of Chick Springs
or
Inc. Town of
or
City of Chick Springs
(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

4334

Registration District No. 2204Registered No. 26
(For use of Local Registrar)(2) Full Name of Child William Herman ColemanIf child is not yet named, make
supplemental report as directed(3) BOY OR
GIRL Boy(4) Twin
or Triplet? Twin(5) Number in
order of birth 2
To be answered only in event of Twins or Triplets(6) Are
Parents
Married? yes(7) DATE OF
BIRTH Feb. 18, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME Samuel Lewis Coleman(9) PRESENT
POSTOFFICE
OF FATHER Fountainview, S.C.(10) COLOR
OR
RACE White(11) AGE AT LAST
BIRTHDAY 44
(Years)

(12) BIRTHPLACE

South Carolina

(13) OCCUPATION

Farming(20) Number of children born to
mother, including present birth 5

MOTHER.

(14) NAME BEFORE
MARRIAGE Barrie Spruce(15) PRESENT
POSTOFFICE
OF MOTHER Fountainview, S.C.(16) COLOR
OR
RACE White(17) AGE AT LAST
BIRTHDAY 38
(Years)

(18) BIRTHPLACE

South Carolina

(19) OCCUPATION

Housekeeping(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 born alive at 7 P.M.
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) B. B. Steedly mid

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
tal report

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark)(27) Filed Mar. 11, 1922

(28)

F. J. James
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.