

## (1) PLACE OF BIRTH

County of

Township of

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

48547

Registration District No.

Registered No.

(For use of Local Registrar)

St.;

Ward

Full Name of Child

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

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

1

(6) Are Parents Married?

Yes

OF DATE OF BIRTH

2, 25, 1906

(Name of Month) (Day) (Year)

## FATHER.

(7) FULL NAME

James David Coleman

(8) PRESENT POSTOFFICE OF FATHER

Smiths Lake

(9) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

28

(Years)

(12) BIRTHPLACE

Christ Church

(13) OCCUPATION

R. Road hand

## MOTHER.

(14) NAME BEFORE MARRIAGE

Anna Boyd

(15) PRESENT POSTOFFICE OF MOTHER

Smiths Lake

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

28

(Years)

(18) BIRTHPLACE

Christ Church

(19) OCCUPATION

House wife

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

1

(21) Number of children of this mother now living, including present birth

1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Dr. A. H. Smith

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

Midwife Lewis S. C. Se

Given name added from a supplemental report

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(26) Witness David Coleman

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

(27) Filed 3-3-1906 (28) J. N. Guster 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.