

## (1) PLACE OF BIRTH

County of Saluda

Township of .....

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

1285

Registration District No. 3803 Registered No. 86  
(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 A. B. Coleman

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

(3) SEX OR  
SEXBoy(4) Twin  
or TripletNo(5) Number in  
order of birth1(6) Age  
Parent  
Married2100(7) DATE OF  
BIRTHOct 29, 1923

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAMEBen Lee Coleman(9) PRESENT  
POSTOFFICE  
OF FATHERWard RFD #1(10) COLOR  
OR  
RACEBlk(11) AGE AT LAST  
BIRTHDAY21  
(Years)

(12) BIRTHPLACE

Saluda Co

(13) OCCUPATION

Farming

## MOTHER.

(14) NAME BEFORE  
MARRIAGEEssie Coleman(15) PRESENT  
POSTOFFICE  
OF MOTHERWard RFD #1(16) COLOR  
OR  
RACEBlk(17) AGE AT LAST  
BIRTHDAY21  
(Years)

(18) BIRTHPLACE

Saluda Co

(19) OCCUPATION

Housewife(20) Number of children born to  
mother, including present birth1(21) Number of children of this mother  
now living, including present birth1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ..... at ..... M.,  
on the date above stated. (Born alive and healthy) (Born & M. certified)

(23) (Signature)

Mary Campbell

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Saluda CoGiven name added from a supplement-  
al report

(26) Witness

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

(27) Filed

Jan 9, 1924(28) Marie Grant19  
RegistrarWhen 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.