

Form No. 10. MARGES RESERVED FOR BINDING. WRITE PLAINLY. WITH LEADING 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. McCaw, of Columbia

(1) PLACE OF BIRTH **COLUMBIA** **CERTIFICATE OF BIRTH**  
 County of **Spartanburg** **STATE OF SOUTH CAROLINA.**  
 Township of **Philok** **Bureau of Vital Statistics**  
 or **State Board of Health**  
 Inc. Town of **Registration District No. 4107** Registered No. **110**  
 or **(For use of Local Registrar)**  
 City of **(No. St.; Ward)**  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only  
**44810**

(2) Full Name of Child **Mary Sue Coleman** If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL **Girl** (4) Twin or Triplet? **No** (5) Number in order of birth **1** (6) Are Parents Married? **Yes** (7) DATE OF BIRTH **9-17-15**  
 (Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <b>Isiah Coleman</b>	(14) NAME BEFORE MARRIAGE <b>Isiah Coleman</b>	(15) PRESENT POSTOFFICE OF FATHER <b>Lynchburg, O.C.</b>	(15) PRESENT POSTOFFICE OF MOTHER <b>Lynchburg, O.C.</b>
(9) PRESENT POSTOFFICE OF FATHER <b>Lynchburg, O.C.</b>	(16) COLOR OR RACE <b>White</b>	(17) AGE AT LAST BIRTHDAY <b>38</b>	(17) AGE AT LAST BIRTHDAY <b>28</b>
(10) COLOR OR RACE <b>White</b>	(18) BIRTHPLACE <b>Williamsburg, O.C.</b>	(19) OCCUPATION <b>Farming</b>	(19) OCCUPATION <b>Housekeeping</b>
(11) AGE AT LAST BIRTHDAY <b>38</b>	(20) Number of children born to mother, including present birth <b>8</b>	(21) Number of children of this mother now living, including present birth <b>8</b>	

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was **alive** at **10** **A.** M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) **Izzie X. Mordant**  
 (24) State whether Physician or Midwife **Midwife** (25) Address of Physician or Midwife **Philok O.C.**

Given name added from a supplemental report  
 \_\_\_\_\_, 191\_\_\_\_  
 \_\_\_\_\_  
 Registrar

(26) Witness **W. E. Green**  
 (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed **12-15-15** (28) **S. B. McQueen** 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.

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