

## (1) PLACE OF BIRTH

County of Orange Co.

Township of .....

Inc. Town of Orange

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

14879

(2) Full Name of Child James Lee Coleman

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

(1) BOY OR GIRL <u>Boy</u>	(4) <u>Triplet?</u> <u>No</u>	(5) Number in order of birth <u>2</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 8</u> Name of Month (Day) (Year)
FATHER:			MOTHER:	
(3) FULL NAME <u>James Coleman</u>			(14) NAME BEFORE MARRIAGE <u>Josephine</u>	
(8) PRESENT POSTOFFICE OF FATHER <u>Orange Co</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Orange Co</u>	
(10) COLOR OR RACE <u>Negro</u>			(17) AGE AT LAST BIRTHDAY <u>27</u>	
(11) BIRTHPLACE <u>Orange Co</u>			(18) BIRTHPLACE <u>Orange Co</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Farmer</u>	
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at Orange Co M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. J. M. Martin(24) State whether Physician or Midwife (25) Address of Physician or Midwife Orange Co

Given name added from a supplemental report

(26) Witness

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

(27) Filed

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(28)

Dr. J. M. Martin  
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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