

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 3.

(1) PLACE OF BIRTH

County of Shanklin
 Township of
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

No. 837 For this Register only

Registration District No. 1 S. R. 1 Registered No. 4
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Jessie Colen (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 2 (6) Are Parents Married Yes (7) DATE OF BIRTH Jan 1, 1923
 To be answered only in event of Twin or Triplet

FATHER.
 (8) FULL NAME W. A. Colen
 (9) PRESENT POSTOFFICE OF FATHER Shanklin R.
 (10) COLOR OR RACE Col. (11) AGE AT LAST BIRTHDAY 28 (Years)
 (12) BIRTHPLACE Shanklin Co.
 (13) OCCUPATION Farmer
 (14) Number of children born to mother, including present birth 5

MOTHER.
 (14) NAME BEFORE MARRIAGE Mary Edwards
 (15) PRESENT POSTOFFICE OF MOTHER Shanklin R.
 (16) COLOR OR RACE Col. (17) AGE AT LAST BIRTHDAY 23 (Years)
 (18) BIRTHPLACE S. C.
 (19) OCCUPATION Housewife
 (21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Colen at 12:30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) E. J. Early
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Shanklin

(Given name added from a supplemental report)
 (26) Witness (Signature of Witness necessary only when question 22 is signed by mother)
 (27) Filed Jan 1, 1923 (28) E. J. Early 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 stillborns before the fifth month of pregnancy.