

(1) PLACE OF BIRTH

County of Pike
 Township of Central
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

No. for State Registrar Only

20745

Registration District No. 3200Registered No. 176
 (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 Lertine Coleman

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

(a) BOY OR GIRL Girl (c) Twin or Triplet ✓ (d) Number in order of birth ✓ (e) Are Parents Married yes (f) DATE OF BIRTH July 13, 1923
 (Name of Month) (Day) (Year)

FATHER.

(1) FULL NAME Jerry Coleman
 (2) PRESENT POSTOFFICE OF FATHER Koris, S.C.
 (10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 22
 (Year) (12) BIRTHPLACE S.C.
 (13) OCCUPATION Lab.

MOTHER.

(14) NAME BEFORE MARRIAGE Anna Wilburn
 (15) PRESENT POSTOFFICE OF MOTHER Koris, S.C.
 (16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 21
 (Year) (18) BIRTHPLACE S.C.
 (19) OCCUPATION Domestic

(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 alive at 9:20 M., on the date above stated. (Born alive or stillborn) (Hour M. or P. M.)

(23) (Signature) L. J. Davis(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Liberty S.C. Route 2

(Given name added from a supplemental report)

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

(27) Filed Oct 7, 1923 (28) J. H. Bearden 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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