

(1) PLACE OF BIRTH

County of Fairfield

Township of # 13

or  
Inc. Town of .....

or  
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

42240

Registration District No. 1902 Registered No. 30  
(For use of Local Registrar)

(2) Full Name of Child Infant

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

(3) BOY OR GIRL? male

(4) Twin or Triplet?

To be answered only in event of twins or triplets

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH Dec. 1 22  
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Jim Coleman

(9) PRESENT POSTOFFICE OF FATHER Blackstock, S.C.

(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY (Years)

(12) BIRTHPLACE Fairfield

(13) OCCUPATION farmer

(20) Number of children born to mother, including present birth { ..! .. }

MOTHER

(14) NAME BEFORE MARRIAGE Carrie Blake

(15) PRESENT POSTOFFICE OF MOTHER Blackstock, S.C.

(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY (Years)

(18) BIRTHPLACE Fairfield Co.

(19) OCCUPATION housewife

(21) Number of children of this mother now living, including present birth { ..! .. }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

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

(23) (Signature) .....

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

..... 191 .....

Registrar

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

(27) Filed Dec 30 1922 (28) Mrs. A. F. Trevitt 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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc. in question 1. McCaw, of Columbia.