

Form No 1.

(1) PLACE OF BIRTH

County of Fairfield

Township of 0th

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
64197

Registration District No. 19.00 Registered No. 40
(For use of Local Registrar)

(2) Full Name of Child Thomas Edward Coleman

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u> <small>To be marked only in case of Twin or Triplets</small>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 18, 1916</u> <small>(Name of Month) (Day) (Year)</small>
(8) FULL NAME <u>Will Coleman</u>		(14) NAME BEFORE MARRIAGE <u>Dollie Tobias</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Shelton, S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Shelton, S.C.</u>		
(10) COLOR OR RACE <u>Mulatto</u>	(11) AGE AT LAST BIRTHDAY <u>35</u> <small>(Years)</small>	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>32</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Fairfield Co. S.C.</u>		(18) BIRTHPLACE <u>Fairfield Co. S.C.</u>		
(13) OCCUPATION <u>Farm Laborer</u>		(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>7</u>		(21) Number of children of this mother now living, including present birth <u>6</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Martha Young
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Shelton, S.C.

Given name added from a supplemental report

(26) Witness Mary Coleman
(Signature of Witness Necessary only when question 23 is signed by mark)

(27) Filed June 22, 1916 (28) A. G. Coleman
Local Registrar

MARGIN RESERVED FOR BINDING.
WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the McCaw, of Columbia, FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 3.

*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.