

Form No 1.

(1) PLACE OF BIRTH  
County of Fairfield  
Township of Ott.  
or  
Inc. Town of .....  
or  
City of .....

**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. 410  
(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 Boy (4) Twin or Triplet?      (5) Number in order of birth      (6) Are Parents Married? Yes (7) DATE OF BIRTH June 18, 1916  
To be marked only in case of Twin or Triplets (Name of Month) (Day) (Year)

**FATHER**  
(8) FULL NAME Will Coleman  
(9) PRESENT POSTOFFICE OF FATHER Shelton S.C.  
(10) COLOR OR RACE Mulatto (11) AGE AT LAST BIRTHDAY 35 (Years)  
(12) BIRTHPLACE Fairfield Co. S.C.  
(13) OCCUPATION Farm laborer  
(20) Number of children born to mother, including present birth 7

**MOTHER**  
(14) NAME BEFORE MARRIAGE Lollie Tobias  
(15) PRESENT POSTOFFICE OF MOTHER Shelton, S.C.  
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 32 (Years)  
(18) BIRTHPLACE Fairfield Co. S.C.  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth 6

**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 ..... 191.....  
(26) Witness Marys Coleman (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed June 22, 1916 (28) A. G. Colman Local Registrar

MARGIN RESERVED FOR BINDING.  
WRITE 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.