

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Pacalix
 or
 the 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 Only

9177

Registration District No. 4006Registered No. 395
(For use of Local Registrar)

(If birth occurs in a hospital or other institution give name of same instead of street and number.)
 (No. St. Ward)

(2) Full Name of Child Virginia Inez Coleman If child is not yet named, make supplemental report as directed

(3) SEX GIRL (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 10 22
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME John Thomas Coleman
 (9) PRESENT POSTOFFICE OF FATHER Pacalix SC
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26
 (12) BIRTHPLACE Pacalix SC
 (13) OCCUPATION Farmer

MOTHER

(14) NAME BEFORE MARRIAGE Emma Mary Kennedy
 (15) PRESENT POSTOFFICE OF MOTHER Pacalix SC
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 29
 (18) BIRTHPLACE Pacalix SC
 (19) OCCUPATION Domestic
 (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 on the date above stated. all 3087 M.
 (How A. M. or P. M.)

(23) (Signature) A. H. H. H. H. H.
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Pacalix SC

Was same added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) W. A. Brown Local Registrar
 (19) 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.