

(1) PLACE OF BIRTH

County of

Fairfield

Township of

#01

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

81382

Registration District No.

19.00

Registered No.

72

(For use of Local Registrar)

(No.

St.;

Ward)

(2) Full Name of Child

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

2

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Aug. 6

1916

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Weyard Coleman

(9) PRESENT POSTOFFICE OF FATHER

Ludo S S

(10) COLOR OR RACE

Mulatto

(11) AGE AT LAST BIRTHDAY

30

(Years)

(12) BIRTHPLACE

Fairfield Co

(13) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

3

## MOTHER.

(14) NAME BEFORE MARRIAGE

Mary Coleman

(15) PRESENT POSTOFFICE OF MOTHER

Ludo S S

(16) COLOR OR RACE

Mulatto

(17) AGE AT LAST BIRTHDAY

38

(Years)

(18) BIRTHPLACE

Fairfield Co

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive at 9:30 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

C. A. Crosby M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Ludo S S

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

Oct. 11 1916

(28)

H. S. Colvin

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.

\*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.