

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only

77026

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

Registration District No. 2000

Registered No. 28

(For use of Local Registrar)

St. Ward

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

Isabella Coleman

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER

(6) FULL NAME

James Coleman

(9) PRESENT POSTOFFICE OF FATHER

Timmonsville, S.C.

(10) COLOR OR RACE

black

(11) AGE AT LAST BIRTHDAY

28

(12) BIRTHPLACE

Timmonsville, S.C.

(13) OCCUPATION

farming

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

Seven

(14) NAME BEFORE MARRIAGE

Leola Hamr

(15) PRESENT POSTOFFICE OF MOTHER

Timmonsville, S.C.

(16) COLOR OR RACE

black

(17) AGE AT LAST BIRTHDAY

25

(18) BIRTHPLACE

Timmonsville, S.C.

(19) OCCUPATION

House Keeper

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

one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 2 P.M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature)

Bernie Lee

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Timmonsville, S.C.

Given name added from a supplemental report

(26) Witness

J. H. Humphrey

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

(27) Filed

8/9, 1916

(28) J. H. Humphrey

Local Registrar

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.

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 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.