

(1) PLACE OF BIRTH

County of Macon

Township of

or
Inc. Town of Mullinsor
City of

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

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

(3) BOY OR GIRL? GIRL (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Oct 17 1922
(Name of Month) (Day) (Year)

FATHER
(8) FULL NAME Thomas Coleman
(9) PRESENT POSTOFFICE OF FATHER Mullins S.C.
(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 33 (Year)
(12) BIRTHPLACE Valdosta Ga
(13) OCCUPATION Laborer
(14) Number of children born to mother, including present birth 16

MOTHER
(14) NAME BEFORE MARRIAGE Alma Wade
(15) PRESENT POSTOFFICE OF MOTHER Mullins S.C.
(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 27 (Year)
(18) BIRTHPLACE Valdosta Ga
(19) OCCUPATION Housewife
(21) Number of children of this mother now living, including present birth 15

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 p.m. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) Mellon M. Condit (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Mullins S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed Nov 7 1922 (28) H. H. Schaffer 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.

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