

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**64073**

(1) PLACE OF BIRTH  
County of Saluda  
Township of Arden  
or  
Inc. Town of ..... Registration District No. 1604 Registered No. 15  
or  
City of ..... (No. .... 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. Sara Coleman } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet?  (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 27, 1916  
(Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Willie Coleman  
(9) PRESENT POSTOFFICE OF FATHER Saluda SC. #  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 37 (Years)  
(12) BIRTHPLACE Moravia CO  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 7

**MOTHER.**

(14) NAME BEFORE MARRIAGE Ernie Collins  
(15) PRESENT POSTOFFICE OF MOTHER Saluda SC. #  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 38 (Years)  
(18) BIRTHPLACE Moravia CO  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth 7

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born alive at Saluda (Born alive or stillborn) (Hour A. M. or P. M.)  
on the date above stated.  
(23) (Signature) [Signature]  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Saluda SC.

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 June 30 1916 (28) J. R. Smith 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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FIRST-HORN, No. 1, T. H. O. N. No. 2, Star. In question 8, state in case of twins or triplets, with a mark in blank for each child, male or female.  
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