

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
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 *Melba Jeanne Coleman* is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <i>Boy</i>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <i>12</i>	(7) DATE OF BIRTH <i>2/13/21</i> (Name of Month) (Day) (Year)
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FATHER

(8) FULL NAME *Jim Coleman*

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE *Ce* (11) AGE AT LAST BIRTHDAY *39* (Years)

(12) BIRTHPLACE

(13) OCCUPATION

Black Smith(20) Number of children born to mother, including present birth *1*

MOTHER

(14) NAME BEFORE MARRIAGE *Leggie Norman*(15) PRESENT POSTOFFICE OF MOTHER *LEWIS, S. C.*(16) COLOR OR RACE *Ce* (17) AGE AT LAST BIRTHDAY *28* (Years)(18) BIRTHPLACE *DANBERG*

(19) OCCUPATION

Housewife(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* at *4-8* M., on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)(23) (Signature) *Jim Coleman*(24) State of *South Carolina* (25) Address of Physician or Midwife *LEWIS, 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 *3/1/21* 19 *21* (28) *Jim Coleman* 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.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

3121

Registration District No. *400* Registered No. *715*
(For use of Local Registrar)

St. Ward)

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