

(1) PLACE OF BIRTH

County of Richmond
 Township of 14
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

No. for State Registrar Only
3775

Registration District No. 1913 Registered No. 27
 (For use of Local Registrar)

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

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

(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are parents married Yes (7) DATE OF BIRTH Feb 12, 1923
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Estus Coleman

(9) PRESENT POSTOFFICE OF FATHER Minorsboro, S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 20
 (Years)

(12) BIRTHPLACE Ga.

(13) OCCUPATION Miner Operator

(14) Number of children born to mother, including present birth 1

MOTHER.

(15) NAME BEFORE MARRIAGE Bertie Bragdon

(16) PRESENT POSTOFFICE OF MOTHER Minorsboro S.C.

(18) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23
 (Years)

(19) BIRTHPLACE Ga.

(20) 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 alive at 7:45 M., on the date above stated. (Born alive or stillborn) (Hour M. or P. M.)

(23) (Signature) Saml. Bragdon
 (24) State whether Physician or Midwife (25) License of Physician or Midwife Minorsboro

Given name added from a supplemental report

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

(27) Filed Nov 1, 1923 (28) 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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