

(1) PLACE OF BIRTH

County of LexingtonTownship of Shilohor
Inc. Town ofor
City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthRegistration District No. 4-127

File No.—For State Registrar Only

37838

Registered No. 103
(For use of Local Registrar)(2) Full Name of Child Joseph Coleman

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

(3) SEX OR CHILD Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married? No (7) DATE OF BIRTH Nov 12, 1923
(Name of Month) (Day) (Year)FATHER.
(8) FULL NAME Holy Jackson
(9) PRESENT POSTOFFICE OF FATHER Atlanta, Ga.
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 22 (Year)
(12) BIRTHPLACE G.A.
(13) OCCUPATION Public work
(14) Number of children born to mother, including present birth 1MOTHER.
(15) NAME BEFORE MARRIAGE Janie Coleman
(16) PRESENT POSTOFFICE OF MOTHER North Bridge St.
(17) COLOR OR RACE Negro (18) AGE AT LAST BIRTHDAY 17 (Year)
(19) BIRTHPLACE Florida, Ga.
(20) OCCUPATION Housework
(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 2 P.M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Mathew Wilson
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Atlanta, Ga.

Given name added from a supplemental report

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

(27) Filed 11-26-23 (28) S.B.M. Elmer 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.