

23 048085

## PLACE OF BIRTH

## Standard Certificate of Birth

FILE No.—

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4108 Registered No. 146

(For use of Local Registrar)

Town of \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

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

FULL NAME OF CHILD Anderson Coleman (If child is not yet named, make supplemental report as directed.)

by or <del>at</del>	If Plural births	4. Twin, triplet, or other	6. Premature	7. Are Parents	8. Date of birth
		5. Number, in order of birth	Full term	Married? <u>yes</u>	<u>Jan 6, 1923</u> (Month, day, year)

FATHER  
Full name Jeremy Coleman  
Residence (usual place of abode)  
(If non-resident, give place and State) Sumter S.C.

MOTHER  
18. Full maiden name Jesse Nathaniel  
19. Residence (usual place of abode)  
(If non-resident, give place and State) Sumter S.C.

Color or race Col. 12. Age at last birthday 27 (Years)  
Birthplace (city or place)  
(State or country) S.C.

20. Color or race Col. 21. Age at last birthday 25 (Years)  
22. Birthplace (city or place)  
(State or country) S.C.

Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc. Farm  
Industry or business in which  
work was done, as silk mill,  
sawmill, bank, etc.  
Date (month and year) last  
engaged in this work 19\_\_\_\_  
17. Total time (years)  
spent in this work

OCCUPATION  
23. Trade, profession, or particular kind  
of work done, as housekeeper,  
typist, nurse, clerk, etc. Housework  
24. Industry or business in which  
work was done, as own home,  
lawyer's office, silk mill, etc. own home  
25. Date (month and year) last  
engaged in this work 19\_\_\_\_  
26. Total time (years)  
spent in this work

Number of children of this mother  
at time of birth and including this child (a) Born alive and now living 3 (b) Born alive but now dead (c) Stillborn

If stillborn, { months 29. Cause of stillbirth \_\_\_\_\_  
period of gestation { weeks \_\_\_\_\_  
Before labor \_\_\_\_\_  
During labor \_\_\_\_\_

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at \_\_\_\_\_ m. on the date above stated.  
(Born alive or stillborn)

When there was no attending physician  
or midwife, then the father, householder,  
etc., should make this return.

Name added from  
supplemental report (Date of)

(Signed) \_\_\_\_\_, M.D.  
or Fannie Bracey, Midwife

Address Sumter S.C.

Filed Sept 9, 1935 Registrar Carl B. Egge  
(A.A.)

Registrar.