

23 048085

PLACE OF BIRTH

City of Sumter
 Township of Sumter
 Town of _____
 St. _____
 Ward _____

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4108 Registered No. 146
(For use of Local Registrar)

(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.)

Sex or ~~Sex~~ | If Plural | 4. Twin, triplet, or other | 6. Premature | 7. Are Parents | 8. Date of birth
 births | 5. Number, in order of birth | Full term | Married? | (Month, day, year)
Jan 6, 1923

FATHER		MOTHER	
Full name <u>Jeremy Coleman</u>	18. Full maiden name <u>Jesse Nathaniel</u>	19. Residence (usual place of abode) (If non-resident, give place and State) <u>Sumter S.C.</u>	20. Color or race <u>Col.</u>
Residence (usual place of abode) (If non-resident, give place and State) <u>Sumter S.C.</u>	21. Age at last birthday (Years) <u>27</u>	22. Birthplace (city or place) (State or country) <u>S.C.</u>	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housework</u>
Color or race <u>Col.</u>	24. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Farm</u>	25. Date (month and year) last engaged in this work 19____	26. Total time (years) spent in this work 19____
Birthplace (city or place) (State or country) <u>S.C.</u>	27. Total time (years) spent in this work 19____	28. Occupation	
Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farm</u>	29. Cause of stillbirth		
Industry or business in which work was done, as silk mill, sawmill, bank, etc.	30. Number of children of this mother at time of birth and including this child (a) Born alive and now living <u>3</u> (b) Born alive but now dead (c) Stillborn		
Date (month and year) last engaged in this work 19____	31. If stillborn, period of gestation (months/weeks) 29. Cause of stillbirth		
17. Total time (years) spent in this work 19____	32. Before labor		
18. Total time (years) spent in this work 19____	33. 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.

(Signed) _____, M.D.

or Fannie Bracey, MidwifeAddress Sumter S.C.Filed Sept 9, 1935 Carl B. Epps Registrar

name added from _____ (Date of)

Registrar.