

# (1) PLACE OF BIRTH

County of Spartanburg  
 Township of Brush Springs  
 or  
 Inc. Town of .....  
 or  
 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 Health

File No. — For State Registrar Only  
**50445**

Registration District No. 40003 Registered No. 4  
 (For use of Local Registrar)  
 St.: ..... Ward  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>X</u> <small>To be answered only in case of twins or triplets</small>	(5) Number in order of birth <u>X</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 25</u> 19 <u>26</u> <small>(Name of Month) (Day) (Year)</small>
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**FATHER.**

(8) FULL NAME Arthur Willie Coleman

(9) PRESENT POSTOFFICE OF FATHER Wellford S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32 (Years)

(12) BIRTHPLACE Spartanburg Co. S.C.

(13) OCCUPATION Laborer

(20) Number of children born to mother, including present birth { three (3)

**MOTHER.**

(14) NAME BEFORE MARRIAGE Lela Smith

(15) PRESENT POSTOFFICE OF MOTHER Wellford S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Years)

(18) BIRTHPLACE No. Carolina

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth { two (2)

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive, at Eight (8) A.M. on the date above stated.  
 (Born alive or stillborn) (Hour & Minute)

(23) (Signature) W. Coleman

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Wellford S.C.

Given name added from a supplemental report  
 \_\_\_\_\_, 191....

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

(27) Filed Mar 10 1916 (28) W. Coleman  
 Registrar 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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