

IF TWINS OR TRIPLETS use a SEPARATE BLANK, No. 2, etc., in question 5.
FIRST-BORN, No. 1, THIS OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Beaufort

Township of

Inc. Town of

or

CITY of Columbia

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

2) Full Name of Child Charles Edward Coleman

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

19933

Registration District No. 382

Registered No. 67

(For use of Local Registrar)

St.; Ward)

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

3) SEX OR
SEX?

(4) Twin
or triplet?

(5) Number in
order of birth

To be answered only in event of Twins or Triplets

(6) Are
Parents
Married?

(7) DATE OF

BIRTH

(Name of Month) (Day) (Year)

FATHER.

1) FULL
NAME

2) PRESENT
POSTOFFICE
OF FATHER

3) COLOR
OR
RACE

(11) AGE AT LAST
BIRTHDAY

(Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

MOTHER.

(14) NAME BEFORE
MARRIAGE

(15) PRESENT
POSTOFFICE
OF MOTHER

(16) COLOR
OR
RACE

(17) AGE AT LAST
BIRTHDAY

(Years)

(18) BIRTHPLACE

(19) OCCUPATION

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 7 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Columbia

Given name added from a supplement
report

191...

Registrar

(26) Witness

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

(27) Filed 6-7-1915

(28) [Signature]

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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