Form No. 1

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only: 36332

(1) PLACE OF BIRTH

County of Saluda

Township of .....
or
Inc. Town of .....
or
City of .....

Registration District No. 3203 Registered No. 6
(For use of Local Registrar)

(No. ..... 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 Bruford Elizabeth Colman (If child is not yet named, make supplemental report as directed)

(3) BOY OR ~~GIRL~~: Boy

(4) ~~Twin or Triplet?~~ Single
(5) Number in order of birth: 1st Child
To be answered only in event of Twins or Triplets

(6) Are Parents Married? No

(7) DATE OF BIRTH: September 1st 1922 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME: Simpkins Colman

(9) PRESENT POSTOFFICE OF FATHER: Saluda S C

(10) COLOR OR RACE: Afro-American Negro

(11) AGE AT LAST BIRTHDAY: 20 (Years)

(12) BIRTHPLACE: Saluda S C

(13) OCCUPATION: Laborer

(20) Number of children born to mother, including present birth: 1st Child

MOTHER.

(14) NAME BEFORE MARRIAGE: Hattie May Perry

(15) PRESENT POSTOFFICE OF MOTHER: Saluda S C

(16) COLOR OR RACE: Afro-American Negro

(17) AGE AT LAST BIRTHDAY: 18 (Years)

(18) BIRTHPLACE: Saluda S C

(19) OCCUPATION: House Servant & Washerwoman

(21) Number of children of this mother now living, including present birth: 1st Child

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born Alive (Born alive or stillborn) at 6 A.M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Bee L Allen M D

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife: Saluda S C

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed Nov. 9 1922 (28) Marie Grant
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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
IN CASE OF TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

BUREAU OF COLUMBIA, COLUMBIA, S. C.