

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—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 2.

Revised by Columbia, S. C.

(1) PLACE OF BIRTH

County of Florence
Township of
or
Inc. Town of
City of Florence

CERTIFICATE OF BIRTH

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

No. for State Registrar Only

40176

Registration District No. 2-0-A Registered No. 386
(For use of Local Registrar)

(No. 24 & Chaves 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 Thodore LeRoy Coleman Jr. (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth (6) Are Parents Married yes (7) DATE OF BIRTH Dec 1st 23
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Thodore LeRoy Coleman Sr.

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

(10) COLOR OR RACE w (11) AGE AT LAST BIRTHDAY 24
(Year)

(12) BIRTHPLACE Florence Co S.C.

(13) OCCUPATION Prod Foreman, A.P.L. R.M.C.

(14) Number of children born to mother, including present birth 2

MOTHER.

(15) NAME BEFORE MARRIAGE Christabel Claire Myers

(16) PRESENT POSTOFFICE OF MOTHER Florence S.C.

(17) COLOR OR RACE w (18) AGE AT LAST BIRTHDAY 23
(Year)

(19) BIRTHPLACE Florence Co S.C.

(20) OCCUPATION Domestic

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive at 3 a. M.,
on the date above stated. (Hospital or stillborn) (Hour, A. M. or P. M.)

(23) (Signature) J. K. A. [unclear]

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

Given name added from a supplemental report

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

(27) Filed Dec 3 1923 (28) P. A. Bushaw 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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