

Form No. 1

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

(No. (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

48215

Registration District No.

705

Registered No.

3

(For use of Local Registrar)

St. Ward

(2) Full Name of Child Harold Bunting Colson

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

(3) BOY or GIRL

Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF BIRTH

Feb 20

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

John Damm Colson

(9) PRESENT POSTOFFICE OF FATHER

St. Stephens, S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

27 (Years)

(12) BIRTHPLACE

Charleston Co., S.C.

(13) OCCUPATION

Physician

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

2

MOTHER.

(14) NAME BEFORE MARRIAGE

Leah Edna Platt

(15) PRESENT POSTOFFICE OF MOTHER

St. Stephens, S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

24 (Years)

(18) BIRTHPLACE

Berkeley Co., S.C.

(19) OCCUPATION

Housewife

(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 8 A.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature)

John D. Colson, M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Physician - St. Stephens, S.C.

Given name added from a supplemental report

(26) Witness

R. M. Boykin (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

3-2-1916

(28)

R. M. Boykin 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.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
 M. H.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and make the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.
 McCaw, of Columbia.