

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town ofor
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

400

Registration District No. 2201

Registered No. 10

(For use of Local Registrar)

2) Full Name of Child

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

Is it assumed only in case of twins or triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Feb. 11, 23

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Benjamin P. Coleman

(9) PRESENT POSTOFFICE OF FATHER

Travelers Rest S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

61 (Years)

(12) BIRTHPLACE

Greenville

(13) OCCUPATION

Farmer

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

1

MOTHER.

(15) NAME BEFORE MARRIAGE

Lusia A. Scruggs

(16) PRESENT POSTOFFICE OF MOTHER

Travelers Rest S.C.

(17) COLOR OR RACE

White

(18) AGE AT LAST BIRTHDAY

23 (Years)

(19) BIRTHPLACE

Greenville S.C.

(20) OCCUPATION

Housewife

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 4:50 P.M. (Hour A. M. or P. M.) (born alive or stillborn)

on the date above stated.

(23) (Signature)

B. A. Scruggs

(24) State whether Physician or Midwife

Address of Physician or Midwife

Travelers Rest S.C.

Given name added from a supplemental report

101

Registrar

(25) Witness

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

(26) Filed Feb. 23, 1923

(27) 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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