

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 4

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

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

(2) Full Name of Child

(3) SEX

Male

(4) Twin or Triplet?

No

To be answered only in case of twins or triplets

FATHER.

(5) FULL NAME

(6) PRESENT POSTOFFICE OF FATHER

(7) COLOR

Black

(8) RELIGION

Baptist

(9) OCCUPATION

Rail Road

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

12

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ... July 20 ... at 10 P. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) Physician or Midwife

(25) Address of Physician or Midwife

Thompson St. Greenville

Given name added from a supplemental report

19 ... Registrar

When there was no attending physician or midwife, the father, householder, etc., should make a report as soon as possible, and if a child breathes even once, it must not be reported as stillborn. No report is desired between the birth and the end of pregnancy.

CERTIFICATE OF BIRTH

OF SOUTH CAROLINA

Department of Vital Statistics

State Board of Health

Registration District No. 40-2

No. 26163

26163

Registered No. 269
(For use of Local Registrar)

St. ... Ward

DATE OF BIRTH

7 20 13

(Name of Month) (Day) (Year)

Are Parents Married? Yes

NAME BEFORE MARRIAGE

Thel Coleman

PRESENT POSTOFFICE OF MOTHER

Spartanburg

(16) COLOR

Black

(17) RELIGION

Baptist

(18) OCCUPATION

Housewife

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

12