

## (1) PLACE OF BIRTH

County of AikenTownship of ShilohInc. Town of HallCity of Hall

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 212No. 31407Registered No. 212  
(For use of Local Registrar)

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

(2) Full Name of Child Marie Coleman

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

(3) SEX OF CHILD Girl (4) Twin or Triplet No (5) Number in order of birth 1st (6) Are Parents Married Yes (7) DATE OF BIRTH Nov. 17, 1914  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Henry Coleman(9) PRESENT POSTOFFICE OF FATHER Stantham, SC(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 22  
(Years)(12) BIRTHPLACE Aiken County(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Marie Coleman(15) PRESENT POSTOFFICE OF MOTHER Stantham, SC(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 18  
(Years)(18) BIRTHPLACE Aiken County(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth (None)

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was Alive at 11:30 A.M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) J. L. Taylor(23) State whether Physician or Midwife Midwife(24) Signature of Physician or Midwife J. L. Taylor

Given name added from a supplemental report

(25) Witness J. L. Taylor

(Signature of Witness necessary only when question 22 is signed by mark)

(26) Filed Nov. 17, 1914 (27) J. L. Taylor 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.