

Form No. 1

## (1) PLACE OF BIRTH

County of Laurens  
 Township of Smythtown  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

No. 41353  
 (For use of Local Registrar Only)

Registration District No. 2905 Registered No. 46  
 (For use of Local Registrar)

(No. .... 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 Claudius Coleman (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 1 (6) Are Parents Married yes (7) DATE OF BIRTH Dec 19 1923  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME William Coleman  
 (9) PRESENT POSTOFFICE OF FATHER Laurens, S.C. R. 2  
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 50  
 (Year)  
 (12) BIRTHPLACE Newberry Co. S.C.  
 (13) OCCUPATION Farming  
 (14) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Mattie Davis  
 (15) PRESENT POSTOFFICE OF MOTHER Laurens, S.C. R. 2  
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 26  
 (Year)  
 (18) BIRTHPLACE Newberry Co. S.C.  
 (19) OCCUPATION House Keeper  
 (20) Number of children of this mother now living, including present birth one

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive at 6 P.M.  
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) Relie Walker(23) State whether Physician or Midwife (24) Address of Physician or Midwife Laurens, S.C. R. 2

(Given name added from a supplemental report)

(25) Witness

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

(26) Filed Dec 30 1923 (27) R. J. Dorman  
 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.