

(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) BOY OR GIRL

girl

(4) Twin or Triplet?

To be answered only in case of Twins or Triplets

(5) Number in order of birth

one

(6) Are Parents Married?

Yes

(7) DATE OF BIRTH

Oct 18 1916

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Jesse Colman

(9) PRESENT POSTOFFICE OF FATHER

1716 Pendleton St

(10) COLOR OR RACE

Colored

(11) AGE AT LAST BIRTHDAY

25

(Years)

(12) BIRTHPLACE

Caushaw S.C.

(13) OCCUPATION

Day Laborer

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

one

## MOTHER.

(14) NAME BEFORE MARRIAGE

Mary Colman

(15) PRESENT POSTOFFICE OF MOTHER

1716 Pendleton St

(16) COLOR OR RACE

Colored

(17) AGE AT LAST BIRTHDAY

17

(Years)

(18) BIRTHPLACE

Camden S.C.

(19) OCCUPATION

Washwoman

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

None

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive or stillborn (Hour A. M. or P. M.)

(23) (Signature)

Maggie Jones

(24) State whether Physician or Midwife

midwife

(25) Address of Physician or Midwife

1716 Rice St

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed

11/14 1916

(28)

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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File No.—For State Registrar Only

87140