

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—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 5.

RECORD OF COLUMBIA, COLUMBIA, S. C.

Form No. 1

(1) PLACE OF BIRTH

County of Fairfield  
Township of #  
or  
Inc. Town of Blairs  
or  
City of

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

Registration District No. 1900

File No.—For State Registrar Only  
**34275**

Registered No. 06  
(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 Elizabeth Coleman (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Girl (4) Twin or Triplet?  (5) Number in order of birth  (6) Are Parents Married?  (7) DATE OF BIRTH Sept 3 1922  
(Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Sam Coleman

(9) PRESENT POSTOFFICE OF FATHER Blairs, S. C.

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 24 (Years)

(12) BIRTHPLACE

(13) OCCUPATION

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

**MOTHER.**

(14) NAME BEFORE MARRIAGE Banner Hopkins

(15) PRESENT POSTOFFICE OF MOTHER Blairs, S. C.

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE

(19) OCCUPATION

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

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

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

(23) (Signature) Sallie Hendrix

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Blairs, S. C.

Given name added from a supplemental report

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

(27) Filed Nov 8 1922 (28) Mrs C. W. Fawcett 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.