

(1) PLACE OF BIRTH

County of LexingtonTownship of J.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.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

27830

Registration District No. 3904 Registered No. 44

(For use of Local Registrar)

(2) Full Name of Child Walter Coleman (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Aug 29, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Walter Coleman(9) PRESENT POSTOFFICE OF FATHER Silver St(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 34 (Years)(12) BIRTHPLACE SC(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 10

MOTHER.

(14) NAME BEFORE MARRIAGE Katie Ward(15) PRESENT POSTOFFICE OF MOTHER Silver St(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 29 (Years)(18) BIRTHPLACE SC(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 10

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was live at 5 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Edgar Robinson(24) State whether Physician or Midwife (25) Address of Physician or Midwife Silver St

Given name added from a supplemental report

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

(27) Filed Aug 9, 1922 (28) D. J. Gester 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.