

MARGIN RESERVED FOR BINDING.  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD, and mark the  
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.

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| (1) PLACE OF BIRTH<br>County of <u>Cherokee</u><br>Township of <u>2</u><br>or<br>Inc. Town of.....<br>or<br>City of.....<br>(If birth occurs in a hospital or other institution, give name of same instead of street and number.)   |  | <b>CERTIFICATE OF BIRTH</b><br>STATE OF SOUTH CAROLINA<br>Bureau of Vital Statistics<br>State Board of Health |  | File No.—For State Registrar Only<br><b>19517</b>                        |  |
|   |  | Registration District No. <u>3400</u>   |  | Registered No. <u>72</u><br>(For use of Local Registrar)                 |  |
| (2) Full Name of Child <u>Paul Colman</u> If child is not yet named, make supplemental report as directed   |  |   |  |  |  |
| (3) BOY OR GIRL<br><u>Girl</u>  | (4) Twin or Triplet?<br>To be answered only in case of Twins or Triplets | (5) Number in order of birth<br><u>10<sup>th</sup></u>  | (6) Are Parents Married?<br><u>Yes</u>   | (7) DATE OF BIRTH<br><u>Aug 24, 1922</u><br>(Name of Month) (Day) (Year) |  |
| FATHER.   |  |   | MOTHER.  |  |  |
| (8) FULL NAME<br><u>Picked Colman</u>   |  |   | (14) NAME BEFORE MARRIAGE<br><u>Alice Hillard</u>  |  |  |
| (9) PRESENT POSTOFFICE OF FATHER<br><u>Shenandoah S.C.</u>  |  |   | (15) PRESENT POSTOFFICE OF MOTHER<br><u>Cherokee S.C.</u>  |  |  |
| (10) COLOR OR RACE<br><u>Black</u>  |  |   | (16) COLOR OR RACE<br><u>black</u>   |  |  |
| (11) AGE AT LAST BIRTHDAY<br><u>3-8</u><br>(Years)  |  |   | (17) AGE AT LAST BIRTHDAY<br><u>3-5</u><br>(Years)   |  |  |
| (12) BIRTHPLACE<br><u>S.C.</u>  |  |   | (18) BIRTHPLACE<br><u>S.C.</u>   |  |  |
| (13) OCCUPATION<br><u>Farming</u>   |  |   | (19) OCCUPATION<br><u>Ham Keeper</u>   |  |  |
| (20) Number of children born to mother, including present birth<br><u>10</u>  |  |   | (21) Number of children of this mother now living, including present birth<br><u>4</u>   |  |  |
| <b>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*</b><br>(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>5-a.m.</u> on the date above stated.<br>(23) (Signature) <u>Clara Cannon</u><br>(24) State whether Physician or Midwife<br><u>Midwife</u><br>(25) Address of Physician or Midwife<br><u>Shenandoah S.C.</u> |  |   |  |  |  |
| Given name added from a supplemental report<br>.....<br>.....<br>..... 19 ..<br>Registrar   |  |   | (26) Witness .....<br>(Signature of Witness necessary only when question 23 is signed by mark)<br>(27) Filed <u>June 15-22</u> 19 ..<br>(28) <u>George S. Hoff</u><br>Local Registrar. |  |  |
| *When there was no attending physician or midwife, then the father, householder, etc., should make this return.<br>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.  |  |   |  |  |  |