

MAILED  
THIS ENTRY, WITH OFFICIAL RECORD, IS A PUBLIC RECORD  
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WITHOUT THE WRITTEN PERMISSION OF THE CLERK OF THE COURT  
McClary of Columbus

(1) PLACE OF BIRTH  
County of Hampton  
Township of Pepper  
or  
Inc. Town of Hampton  
or  
City of Hampton  
(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  
**85997**

Registration District No. 2402 Registered No. 287  
(For use of Local Registrar)

St.; ..... Ward)

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

(3) <u>Boy or Girl?</u> <u>girl</u>	(4) <u>Twin or Triplet?</u> <u>1</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>6</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Oct 28</u> , 191 <u>1</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Prof Coleman</u>			(14) NAME BEFORE MARRIAGE <u>Addie J. J. J.</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Hampton</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Hampton</u>	
(10) COLOR OR RACE <u>White</u>			(16) COLOR OR RACE <u>White</u>	
(11) AGE AT LAST BIRTHDAY <u>40</u> <small>(Years)</small>			(17) AGE AT LAST BIRTHDAY <u>38</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Hampton Co S.C.</u>			(18) BIRTHPLACE <u>Hampton Co S.C.</u>	
(13) OCCUPATION <u>Physician</u>			(19) OCCUPATION <u>Wife</u>	
(20) Number of children born to mother, including present birth <u>6</u>			(21) Number of children of this mother now living, including present birth <u>6</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 9 A.M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. F. Coleman  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Hampton

Given name added from a supplemental report  
....., 191.....  
.....  
Registrar

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

(27) Filed Nov 20 1911 (28) H. H. Rogers  
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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