

(1) PLACE OF BIRTH

**CERTIFICATE OF BIRTH**

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**836**

County of Washington

Township of .....

or  
Inc. Town of .....

or  
City of .....

Registration District No. 150.1 Registered No. 3.....  
(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 Mary Colan ..... (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? <u>Twin</u> To be answered only in case of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan. 1, 1923</u> (Name of Month) (Day) (Year)
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**FATHER.**

(8) FULL NAME Walter Colan

(9) PRESENT POSTOFFICE OF FATHER Washington R.

(10) COLOR OR RACE Col.

(11) AGE AT LAST BIRTHDAY 28  
(Years)

(12) BIRTHPLACE Washington Co.

(13) OCCUPATION Tanner

(20) Number of children born to mother, including present birth 5

**MOTHER.**

(14) NAME BEFORE MARRIAGE Mary Edwards

(15) PRESENT POSTOFFICE OF MOTHER Washington R.

(16) COLOR OR RACE Col.

(17) AGE AT LAST BIRTHDAY 23  
(Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Ch. house

(21) Number of children of this mother now living, including present birth 3

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:**

(22) I hereby certify that I attended the birth of this child, who was alive ..... at 12 P. M., on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Elaine

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Washington

(Given name added from a supplemental report)

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..... 19 .....

Registrar

(26) Witness .....  
(Signature of Witness necessary only when question 22 is signed by mother)

(27) Filed Jan. 12, 1923 (28) E. D. Ealey  
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 stillborns before the fifth month of pregnancy.