

Form No. 1

(1) PLACE OF BIRTH

County of *Spartanburg*Township of *North Spring*

or

Inc. Town of *Greenville*

or

City of *Greenville*

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

2476

Registered No. *6*

(For use of Local Registrar)

Registration District No. *4-2-22*

(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 *Viola Catherine Coleman* child is not yet named, make supplemental report as directed

(1) SEX <i>Girl</i>	(4) Twin or Triplet? <i>No</i>	(5) Number in order of birth <i>2</i>	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Jan. 4, 1922</i>
------------------------	-----------------------------------	------------------------------------------	----------------------------------------	------------------------------------------

FATHER

(8) FULL NAME *J. Elsie Coleman*(9) PRESENT POSTOFFICE OF FATHER *Victor Hill S.C.*(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *23* (Years)(12) BIRTHPLACE *S.C.*(13) OCCUPATION *Mill work*(20) Number of children born to mother, including present birth *2*

MOTHER

(14) NAME BEFORE MARRIAGE *Flora Pearson*(15) PRESENT POSTOFFICE OF MOTHER *Victor Hill*(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *23* (Years)(18) BIRTHPLACE *S.C.*(19) OCCUPATION *Domestic*(21) Number of children of this mother now living, including present birth *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *Alive* at *7:32* A.M. on the date above stated.(23) (Signature) *M. A. Moore* (Born alive or stillborn) (Hour A. M. or P. M.)

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

offd 5-5

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

(27) Filed *Jan. 10, 1922* (28) *J. E. Moore*

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.

MARGEN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. IN CASE OF TWINS OR TRIPLETS, USE SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1, THE OTHERS, No. 2, etc., in question 5.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.