

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

File No. — For State Registrar Only

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CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

7819

County of *Marian*

Township of *Cherokee*

Inc. Town of

City of

Registration District No. *3745*

Registered No. *20*

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child *Mary Eliza Coleman*

If child is not yet named, make supplemental report as directed

(3) SEX OR CHILD *Girl* (4) Twin or Triplet *No* (5) Number in order of birth *1* (6) Are Parents Married *Yes* (7) DATE OF BIRTH *Feb. 10 1923*

FATHER.

MOTHER.

(8) FULL NAME *Benj. T. Coleman*

(14) NAME BEFORE MARRIAGE *Wm. H. Harbison*

(9) PRESENT POSTOFFICE OF FATHER *Mullins, S.C.*

(15) PRESENT POSTOFFICE OF MOTHER *Mullins S.C.*

(10) COLOR OR RACE *W* (11) AGE AT LAST BIRTHDAY *36* (Years)

(16) COLOR OR RACE *W* (17) AGE AT LAST BIRTHDAY *30* (Years)

(12) BIRTHPLACE *Marian Co*

(18) BIRTHPLACE *Marian Co*

(13) OCCUPATION *Farmer*

(19) OCCUPATION *House wife*

(20) Number of children born to mother, including present birth *4*

(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 *born alive* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *J. H. Mullins*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife *Mullins*

(Given name added from a supplemental report)

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

(27) Filed *Feb. 28 1923* (28) *H. Mullins* 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.