

(1) PLACE OF BIRTH

County of FairfieldTownship of #Inc. Town of City of Shelton

(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 HealthRegistration District No. 1900 Registered No. 39
(For use of Local Registrar)File No.—For State Registrar Only
17529(2) Full Name of Child Robert Coleman Jr. If child is not yet named, make supplemental report as directed(3) BOY OR GIRL Boy (4) Twin or Triplet (5) Number in order of birth (6) Are Parents Married Yes (7) DATE OF BIRTH June 28, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Robert Coleman(9) PRESENT POSTOFFICE OF FATHER Shelton, S. C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 21
(Years)(12) BIRTHPLACE Fairfield Co.(13) OCCUPATION Farm Laborer(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Isabel Coleman(15) PRESENT POSTOFFICE OF MOTHER Shelton, S. C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 22
(Years)(18) BIRTHPLACE Blains, S. C.(19) OCCUPATION Housewife(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 Born alive at 6 P. M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Sylvia Washington(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Shelton, S. C.

Given name added from a supplemental report

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

(27) Filed July 5, 1923 (28) Mrs. C. W. Fauselle
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.