

(1) PLACE OF BIRTH

County of Anderson
 Township of Antennville
 or
 Inc. Town of

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

No. For this Register
31588

Registration District No. 303 Registered No. 184
 (For use of Local Registrar)

City of Anderson (No. R. F. D. # 2 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 Caroline Elizabeth (Plessy) If child is not yet named, make supplemental report as directed

3) BOY OR GIRL Girl 4) Type of Birth To be reported only in case of Twin or Triple 5) Number in order of birth 1 6) Are Parents Married Yes 7) DATE OF BIRTH Nov. 12, 1928
 (Name of Month) (Day) (Year)

FATHER.
 8) FULL NAME Elford Lewis Coleman
 9) PRESENT POSTOFFICE OF FATHER Anderson S.C.
 10) COLOR OR RACE white 11) AGE AT LAST BIRTHDAY 36 (Years)
 12) BIRTHPLACE Greenville Co. S.C.
 13) OCCUPATION Teaching
 14) Number of children born to mother, including present birth 4

MOTHER.
 15) NAME BEFORE MARRIAGE Miss Leon Smith
 16) PRESENT POSTOFFICE OF MOTHER Anderson S.C.
 17) COLOR OR RACE white 18) AGE AT LAST BIRTHDAY 33 (Years)
 19) BIRTHPLACE Anderson Co. S.C.
 20) OCCUPATION Domestic
 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 at 5 A.M.
 on the date above stated. (Born alive or stillborn: (Hour M. or P. M.)

(23) (Signature) W. H. Thompson (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Anderson S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 25 is "MARRIAGE")

(27) Filed 19 (28) ANDERSON S.C. 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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