MARGIN RESERVED FOR BINDING.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

If a child of TWINS or TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and make the FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

CERTIFICATE OF BIRTH

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

P.H.—For State Registrar Only
30738

(1) PLACE OF BIRTH

County of Aiken
Township of Smithville
or
Inc. Town of .....
or
City of .....
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 207 Registered No. 54 (For use of Local Registrar)

(No. ..... St.; ..... Ward)

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

(2) Full Name of Child Girl Coleman

(3) Sex or Sex?	(4) Twin or Triplet? To be answered in event of Twin or Triplet	(5) Number in order of birth	(6) Are parents Married?	(7) Date of birth (Name of Month) (Day) (Year)
Girl		5		Oct 29 1923

FATHER.

(8) Full name: Frank Coleman
(9) Present residence or birthplace of father: Aiken S.C.
(10) Color or race: Negro
(11) Age at last birthday: 23 (Years)
(12) Birthplace: Aiken S.C.
(13) Occupation: Farming
(20) Number of children born to mother, including present birth: 5

MOTHER.

(14) Name before marriage: Sarah Owens
(15) Present residence or birthplace of mother: Aiken S.C.
(16) Color or race: Negro
(17) Age at last birthday: 30 (Years)
(18) Birthplace: Aiken S.C.
(19) Occupation: Housewife
(21) Number of children of this mother now living, including present birth: 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 10:1 A.M. (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Rebecca Gaines
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife

Given name added from a supplemental report

..... 19 .....
Registrar

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

(27) Filed Oct 10 1923 (28) T. [illegible] 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.