

Form No. 1

(1) PLACE OF BIRTH

County of Chapin

Township of Franklin

or  
Inc. Town of .....

City of .....

# CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

6585

Registration District No. 131

Registered No. 13

(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 James Eugene Coleman

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

(3) SEX OF CHILD <u>Boy</u>	(4) Twin or Triplet To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 26 23</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) NAME OF FATHER  
Charles Eugene Coleman

(9) PRESENT POSTOFFICE OF FATHER  
St Paul S.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24 (Year)

(12) BIRTHPLACE  
Camden Co. S.

(13) OCCUPATION  
Farmer & brick work

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

## MOTHER.

(14) NAME OF MOTHER  
Bettie Turnadore

(15) PRESENT POSTOFFICE OF MOTHER  
St Paul S.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Year)

(18) BIRTHPLACE  
Dorchester Co. S.

(19) OCCUPATION  
House wife

(21) Number of children of this mother now living, including present birth one

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Leon H. Hester M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Camden S.

Given name added from a supplemental report

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

(27) Date Feb 26 23 (28) 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.