

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 8.

N. B. McCaw, of Columbia.

(1) PLACE OF BIRTH
County of Union
Township of Union
or
Inc. Town of E. K. M.
or
City of Union (No. 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. Beene Hope Coleman If child is not yet named, make supplemental report as directed

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

File No. For State Registrar Only
44848

(3) BOY OR GIRL? Boy (4) Twin or Triplet? X (5) Number in order of birth X (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov. 3 1915
(Name of Month) (Day) (Year)
FATHER. MOTHER.
(8) FULL NAME Harry Coleman (14) NAME BEFORE MARRIAGE Vera Adams
(9) PRESENT POSTOFFICE OF FATHER Union S C (15) PRESENT POSTOFFICE OF MOTHER Union S C
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 20
(12) BIRTHPLACE Union Co S C (18) BIRTHPLACE Union Co S C
(13) OCCUPATION Farmer (19) OCCUPATION Domestic
(20) Number of children born to mother, including present birth One (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 Bonnie 109 A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

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

Given name added from a supplemental report
....., 191.....
.....
Registrar

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

(27) Filed Jan 10 1916 (28) S. G. Somatt 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.

REGISTRAR

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