

(1) PLACE OF BIRTH

County of Spartanburg
 Township of Brush Springs
 or
 Inc. Town of
 or
 City of

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

File No.—For State Registrar Only

12032

Registration District No. 404B Registered No. 15
 (For use of Local Registrar)

City of (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 Thelma Coleman If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet No (5) Number in order of birth 1st (6) Are Parents Married Yes (7) DATE OF BIRTH Mar 23 1923
 To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME W. Jack Coleman
 (9) PRESENT POSTOFFICE OF FATHER Acadia, D.C.
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 37 (Year)
 (12) BIRTHPLACE D.C.
 (13) OCCUPATION Day laborer
 (14) Number of children born to mother, including present birth Six

MOTHER.

(14) NAME BEFORE MARRIAGE Rosa Cross
 (15) PRESENT POSTOFFICE OF MOTHER Acadia, D.C.
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 32 (Year)
 (18) BIRTHPLACE D.C.
 (19) OCCUPATION Housewife
 (20) Number of children of this mother now living, including present birth Six

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 4:45 A.M. on the date above stated. (Born alive or stillborn: (Hour M. or P. M.))

(23) (Signature) D. F. H. Hightower

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Acadia, D.C.

Given name added from a supplemental report

(26) Witness

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

19
Registrar

(27) Filed

Apr 1 1923 (28) D. F. H. Hightower 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

LOCAL REGISTRAR

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