

MAJOR RESERVE FOR BINDING.

WRITING 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 make the FIRST-BORN No. 1, THE OTHER, No. 2, etc., in question 5.

State of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH
County of *Aiken*
Township of *Millbrook*
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.)

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health
Registration District No. *207*

File No.—For State Registrar Only
9675

Registered No. *16*
(For use of Local Registrar.)

(2) Full Name of Child *Maquet Coleman*
(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL *Girl* (4) Twin or Triplet *Sister* (5) Number in order of birth *12* (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Mar 31*
(Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME *William Coleman*
(9) PRESENT POSTOFFICE OF FATHER *Aiken S.C.*
(10) COLOR OR RACE *W. C.* (11) AGE AT LAST BIRTHDAY *64*
(Year)
(12) BIRTHPLACE *Edgefield Co.*
(13) OCCUPATION *Farming*
(20) Number of children born to mother, including present birth *12*

MOTHER.
(14) NAME BEFORE MARRIAGE *Rosa Harrison*
(15) PRESENT POSTOFFICE OF MOTHER *Aiken S.C.*
(16) COLOR OR RACE *Negro* (17) AGE AT LAST BIRTHDAY *44*
(Year)
(18) BIRTHPLACE *Aiken S.C.*
(19) OCCUPATION *Housewife*
(21) Number of children of this mother now living, including present birth *8*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE
(22) I hereby certify that I attended the birth of this child, who was *Alive* at *12* M., on the date above stated. (Born alive or stillborn) (Hour), M. or P. M.)
(23) (Signature) *Cassie Harrison*
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)
(27) Filed *Apr 10* 19 *22* (28) *F. H. Cook* 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.