

## (1) PLACE OF BIRTH

County of *Marion*Township of *Leaves*or  
Inc. Town of .....or  
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 *Lacresy Colman*

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

(3) BOY OR GIRL <i>Girl</i>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? <i>Yes</i>	(7) DATE OF BIRTH <i>Oct 17, 27</i> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME *Thomas Colman*(9) PRESENT POSTOFFICE OF FATHER *Mullins*(10) COLOR OR RACE *B* (11) AGE AT LAST BIRTHDAY *33*  
(Years)(12) BIRTHPLACE *Georgia*(13) OCCUPATION *Farmer*(20) Number of children born to mother, including present birth *6*

## MOTHER.

(14) NAME BEFORE MARRIAGE *Alice Wade*(15) PRESENT POSTOFFICE OF MOTHER *Mullins*(18) COLOR OR RACE *B* (17) AGE AT LAST BIRTHDAY *26*  
(Years)(18) BIRTHPLACE *Georgia*(19) OCCUPATION *Domestic*(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 *born alive* at *9 A.M.*  
(Born alive or stillborn) (Hour, M. or P. M.)  
on the date above stated.(23) (Signature) *Amy L. Hayes*(24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *Mullins St.*

Given name added from a supplemental report

(26) Witness *H. M. Schuller*  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed *Jan. 11, 1928* (28) *H. M. Schuller*  
Local Registrar.19  
Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make the 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.

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