

(1) PLACE OF BIRTH

County of Suwanee

Township of Providence

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

79461

Registration District No. 4105

Registered No. 78 111
(For use of Local Registrar)

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? one (5) Number in order of birth 14 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 24 1916
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Halomon Coleclough

(9) PRESENT POSTOFFICE OF FATHER Dalzell, S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 48 (Years)

(12) BIRTHPLACE Suwanee Co

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 14

MOTHER.

(14) NAME BEFORE MARRIAGE Saphia Atston

(15) PRESENT POSTOFFICE OF MOTHER Dalzell, S.C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 40 (Years)

(18) BIRTHPLACE Suwanee Co

(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 9 a M., (Born alive or stillborn) (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) A. C. Robinson, M.D.

(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Dalzell, S.C.

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

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

(27) Filed June 28 1916 (28) B. M. Daugherty 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.