

PLACE OF BIRTH

County of Marion Co.

Township of _____

or
City 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. 3203

FILE No.—For State Registrar Only

312 49-a

Registered No. _____

(For use of Local Registrar)

St. _____

Ward _____

FULL NAME OF CHILD Harsh Olive Coleman

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

BOY OR
GIRL girl4. Twin or
Triplet?5. Number in order
of birth6. Are
Parents
Married? yes

7. DATE OF BIRTH

(Name & Month)

(Day)

(Year) 1922

To be answered only in event of Twins or Triplets

FATHER

FULL
NAME Zach S. ColemanPRESENT
POSTOFFICE
OF FATHER Cartersville, S.C.COLOR
OR
RACE white11. AGE AT LAST
BIRTHDAY 30

(Years)

BIRTHPLACE Marion Co.OCCUPATION FarmerNumber of children born to
mother, including present birth one

MOTHER

14. NAME BEFORE
MARRIAGE Emma May Brewster15. PRESENT
POSTOFFICE
OF MOTHER Cartersville, S.C.16. COLOR
OR
RACE white17. AGE AT LAST
BIRTHDAY 21

(Years)

18. BIRTHPLACE Marion Co.19. OCCUPATION Domestic21. Number of children of this mother
now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 5 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)23. Signature A. M. Wilcox M.D.

24. State whether Physician or Midwife

25. Address of Physician or Midwife

26. WITNESS Family Cartersville S.C.(Signature of Witness necessary only
when question 23 is signed by mark)

Name added from a supplemental report

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Registrar.

27. Filed _____

19

28.

Local Registrar.

If there was no attending physician or midwife, then the father, householder, etc., should make this return.
If child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.