

Form No 1.

## (1) PLACE OF BIRTH

County of Dillon

## CERTIFICATE OF BIRTH

HEADS OF HOUSEHOLDS

Bureau of Vital Statistics

State Board of Health

File No. — For State Register Only

51948

Township of HillboroInc. Town of Nichols, S.C.

City of

Registration District No. 1603 Registered No. 23

(For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Helen Coleman

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>X</u>	(5) Number in order of birth <u>4</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>March 17</u> <u>1916</u>
				(Name of Month) (Day) (Year)

## FATHER.

## MOTHER.

(8) FULL NAME <u>Burnie Coleman</u>	(14) NAME BEFORE MARRIAGE <u>Annie Gauss</u>
-------------------------------------	--

(9) PRESENT POSTOFFICE OF FATHER <u>Nichols, S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Nichols, S.C.</u>
---	--

(10) COLOR OR RACE <u>Negro</u>	(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)	(16) COLOR OR RACE <u>Negro</u>	(17) AGE AT LAST BIRTHDAY <u>25</u> (Years)
---------------------------------	---	---------------------------------	---

(12) BIRTHPLACE <u>Dillon Co., S.C.</u>	(18) BIRTHPLACE <u>Marion Co., S.C.</u>
---	---

(13) OCCUPATION <u>Farming</u>	(19) OCCUPATION <u>Housework</u>
--------------------------------	----------------------------------

(20) Number of children born to mother, including present birth <u>Four</u>	(21) Number of children of this mother now living, including present birth <u>Four</u>
---	--

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 1. Clock P. M. on the date above stated. (Born live or stillborn) (Hour A. M. or P. M.)(23) (Signature) Hester M. Bailey

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Midwife Nichols, S.C.

Given name added from a supplemental report

(26) Witness H. J. Bailey (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed MAR 23 1916 (28) H. J. Bailey 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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 No. 2.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.  
 McCaw, of Columbia.