

Form No. 1

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

92737

## (1) PLACE OF BIRTH

County of Saluda

Township of .....

or  
Inc. Town of Saludaor  
City of Saluda(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
Registration District No. 2nd Registered No. 1  
St.; ..... Ward)(2) Full Name of Child. Louisa Coleman

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet?

(5) Number in order of birth  
To be answered only in event of Twins or Triplets(6) Are Parents Married? Yes(7) DATE OF BIRTH Dec. 27 1912  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Frederick Coleman(9) PRESENT POSTOFFICE OF FATHER Saluda, S.C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 18 (Years)(12) BIRTHPLACE Saluda, S.C.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Louisa M. Smith(15) PRESENT POSTOFFICE OF MOTHER Saluda, S.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 18 (Years)(18) BIRTHPLACE Saluda, S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at Saluda, S.C. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) Frederick Coleman  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Saluda, S.C.

Given name added from a supplemental report

..... 191.....

..... Registrar

(26) Witness Frederick Coleman  
(Signature of Witness necessary only when question 23 is signed by marker)(27) Filed Jan 2 1913 (28) Frederick Coleman 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.

U.S. CH. OF COLUMBIA. 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.