FORM NO. 1.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
33690

(1) PLACE OF BIRTH.
County of Abbeville
Township of Long Cane
or
Inc. Town of ..... Registration District No. 107 Registered No. 90
(For use of Local Reistrar)
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. Joseph Coleman — If child is not yet named, make supplemental report as directed

(3) BOY OR ~~GIRL~~ Boy | (4) Twin or Triplet? 0 | (5) Number in order of birth 7th (To be answered only in event of Twins or Triplets) | (6) Are Parents Married? Yes | (7) DATE OF BIRTH Oct. 8, 1915 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Solomon Coleman
(9) PRESENT POSTOFFICE OF FATHER Abbeville
(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 33 (Years)
(12) BIRTHPLACE J. D. Miller's place S.C.
(13) OCCUPATION Farming
(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Julia Chappell
(15) PRESENT POSTOFFICE OF MOTHER Abbeville
(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 30 (Years)
(18) BIRTHPLACE Morton Place S.C.
(19) OCCUPATION Farming
(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 8 a.m. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Jane Watson X
(24) State whether Physician or Midwife: Midwife
(25) Address of Physician or Midwife: Abbeville

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

(26) Witness J. A. Stevenson
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Oct. 30 1915 (28) E R Miller
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.

N. B.—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.

MARGIN RESERVED FOR BINDING.
MUST BE LEFT UNCOVERED WHEN CHILD IS A PREMATURE RECORD.

McCaw, of Columbia