

(1) PLACE OF BIRTH

County of McCormick
 Township of Boonville
 or
 Inc. Town of _____
 or

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

8399

Registration District No. 457Registered No. 26
(For use of Local Registrar)City of _____ (No. _____ Sec. _____ Ward _____)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Eric Milford Coleman
(If child is not yet named, make supplemental report as directed)(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb 7 22
(Name of Month) (Day) (Year)(8) FATHER'S FULL NAME Arthur Videman Coleman (9) MOTHER'S FULL NAME Frances Milford(10) PRESENT POSTOFFICE OF FATHER McCormick (11) PRESENT POSTOFFICE OF MOTHER _____(12) COLOR OR RACE White (13) AGE AT LAST BIRTHDAY 27 (14) COLOR OR RACE SC
(Year)(15) BIRTHPLACE S-C (16) BIRTHPLACE S-C(17) OCCUPATION Farmer (18) OCCUPATION Housewife(19) Number of children born to mother, including present birth 1 (20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was alive 12000
on the date above stated. (22) Signature J. C. Harmon (23) Address of Physician or Midwife _____

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

Given: name, address, town or neighborhood, and register _____

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

(27) Date Mar 10 22 (28) Signature of _____

(29) Signature of _____

(30) Signature of _____