

16 092869

## 1. PLACE OF BIRTH

County of Aiken  
 Township of \_\_\_\_\_  
 or  
 Inc. Town of Ridge Spring  
 or  
 City of \_\_\_\_\_

## Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 214 Registered No. \_\_\_\_\_

FILE No.—For State Registrar Only

03840

(For use of Local Registrar)

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

2. FULL NAME OF CHILD Wyman Coleman

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

3. Boy or Girl <u>Boy</u>	If Plural births _____	4. Twin, triplet or other. _____	5. Number, in order of birth. _____	6. Premature. _____	7. Are Parents Married? <u>Yes</u>	8. Date of birth <u>April 15, 1916</u> (Month, day, year)
9. Full name <u>FATHER</u> <u>Eddie Coleman</u>				18. Name before marriage <u>MOTHER</u> <u>Magnolia West</u>		
10. Residence (mailing address) <u>Ridge Spring, S.C.</u> (If non-resident, give place and State)				19. Residence (mailing address) <u>Ridge Spring, S.C.</u> (If non-resident, give place and State)		
11. Color or race <u>Negro</u>		12. Age at child's birth <u>50</u> (years)		20. Color or race <u>Negro</u>		21. Age at child's birth <u>45</u> (years)
13. Birthplace (city or place) <u>Ridge Spring</u> (State or country) <u>S.C.</u>				22. Birthplace (city or place) <u>Aiken Co.</u> (State or country) <u>S.C.</u>		
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>				23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>		
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____				24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____		
16. Date (month and year) last engaged in this work _____ 19____				25. Date (month and year) last engaged in this work _____ 19____		
17. Total time (years) spent in this work _____				26. Total time (years) spent in this work _____		

27. Number of children of this mother  
 (At time of birth and including this child (a) Born alive and now living 3 (b) Born alive but now dead 1 (c) Stillborn \_\_\_\_\_

28. If stillborn, period of gestation \_\_\_\_\_ months \_\_\_\_\_ weeks 29. Cause of stillbirth \_\_\_\_\_  
 (Before labor \_\_\_\_\_ During labor \_\_\_\_\_)

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born alive \_\_\_\_\_ m. on the date above stated.  
 (Born alive or stillborn)

{ When there was no attending physician  
 or midwife, then the father, householder,  
 etc., should make this return.

Given name added from  
 a supplementary report \_\_\_\_\_  
 (Date of) \_\_\_\_\_

(Signed) \_\_\_\_\_, Parent  
 or \_\_\_\_\_, Guardian

Address \_\_\_\_\_  
 Filed Aug. 4, 1942 M.B. Woodward, M.D.

Registrar.

Registrar.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)