

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

FILE No.—For State Registrar Only

03840

Registration District No. 214 Registered No. \_\_\_\_\_  
 (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.....	6. Premature.....	7. Are Parents Married? <u>Yes</u>	8. Date of birth <u>April 15, 1916</u> (Month, day, year)
5. Number, in order of birth.....		Full term <u>X</u>			

9. Full name <u>FATHER</u> <u>Eddie Coleman</u>	18. Name before marriage <u>MOTHER</u> <u>Magnolia West</u>
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10. Residence (mailing address) (If non-resident, give place and State) <u>Ridge Spring, S.C.</u>	19. Residence (mailing address) (If non-resident, give place and State) <u>Ridge Spring, S.C.</u>
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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)
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13. Birthplace (city or place) (State or country) <u>Ridge Spring</u> <u>S.C.</u>	22. Birthplace (city or place) (State or country) <u>Aiken Co.</u> <u>S.C.</u>
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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 house-keeper, typist, nurse, clerk, etc. <u>Housewife</u>
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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.
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16. Date (month and year) last engaged in this work ..... 19.....	17. Total time (years) spent in this work	25. Date (month and year) last engaged in this work ..... 19.....	26. Total time (years) spent in this work
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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) Amelia Coleman Staley, Parent or X 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.)