

Form No. 3

(1) PLACE OF BIRTH

County of M^cComickTownship of Bandaw

Inc. Town of

City of

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

CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only

21796

Registration District No. 4500 Registered No.
(For use of Local Registrar)(2) Full Name of Child William Kenneth Coleman If child is not yet named, make supplemental report as directed3 BOY OR
GIRL?Boy4 Twin
or Triplet?

To be answered only in event of Twin or Triplet

5 Number in
order of birth56 Age
Parent
Married?42

7 DATE OF

BIRTH July 5, 1925
(Month of Birth) (Day) (Year)

FATHER.

8 FULL
NAMEWiley M. Coleman9 PRESENT
POSTOFFICE
OF FATHERM^cComick10 COLOR
OR
RACEWhite(11) AGE AT LAST
BIRTHDAY41
(Years)

12 BIRTHPLACE

S. C.

13 OCCUPATION

Lumberman20 Number of children born to
mother, including present birth5

MOTHER.

14 NAME BEFORE
MARRIAGEAngelina M^cDonald15 PRESENT
POSTOFFICE
OF MOTHERM^cComick16 COLOR
OR
RACEW.(17) AGE AT LAST
BIRTHDAY26
(Years)

18 BIRTHPLACE

S. C.

19 OCCUPATION

Housewife(21) Number of children of this mother
now living, including present birth4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born Alive at 7:30 P. M.
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

M. W. Heathorn M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement-
al report

(26) Witness

(Signature of Witness necessary only
when question 23 is signed by mark).

(27) Filed

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(28)

M. W. Heathorn M.D.
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.