

## (1) PLACE OF BIRTH

County of UnionTownship of Santuckor  
Inc. Town ofor  
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

87727

Registration District No. 4206Registered No. 19

(For use of Local Registrar)

## (2) Full Name of Child

William Coleman

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

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Feb 27, 1916</u>
To be answered only in case of Twins or Triplets			(Name of Month) (Day) (Year)	

## FATHER.

(8) FULL NAME Coleman William(9) PRESENT POSTOFFICE OF FATHER Santuck SC(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 28 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION farmer(20) Number of children born to mother, including present birth 7

## MOTHER.

(14) NAME BEFORE MARRIAGE Mary Jane Farr(15) PRESENT POSTOFFICE OF MOTHER Santuck SC(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 30 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION House work(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 Born alive at 6 2 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary Jane Coleman

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

Midwife Santuck SC

Given name added from a supplemental report

....., 191....

..... Registrar

(26) Witness Coleman William

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

(27) Filed 1916 (28) R. B. J. Jr. 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.

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

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.

McClaw, of Columbia.