

(1) PLACE OF BIRTH

County of OrangeburgTownship of Holly Hillor
Inc. Town of Holly Hillor
City of Holly Hill

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3609

File No.—For State Registrar

9700Registered No. 83
(For use of Local Registrar)

(No. St.; Ward)

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

(2) Full Name of Child Julia Frances Isaac (If child is not yet named, make supplemental report as directed)

(3) SEX OR GIL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 8 1927</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME James Isaac(9) PRESENT POSTOFFICE OF FATHER Holly Hill S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 37
(Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farm Hand(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Hattie Jackson(15) PRESENT POSTOFFICE OF MOTHER Holly Hill S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 29
(Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Farm Hand(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Lizzie S. Spouture(24) State whether Midwife(25) Address of Physician or Midwife Holly Hill S.C.

Given name added from a supplemental report

(26) Witness M. H. Hesseman
(Signature of Witness necessary only when question 23 is signed by mark)(27) Local Registrar S. M. Hesseman