

## (1) PLACE OF BIRTH

County Spartanburg

Township of .....

Inc. Town of .....

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

FILED - For Date Register

37526

Registration District No. 46-a Registered No. 525

(For use of Local Registrar)

(No. 1 of 1 Ward)

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

(2) Full Name of Child Ernest E. Holt If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD <u>Boy</u>	(4) Type of Birth <u>To be reported only in event of Twin or Triplet</u>	(5) DATE OF BIRTH <u>3 2 26</u> (Name of Month) (Day) (Year)
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(6) FULL NAME OF FATHER <u>Ernest E. Holt</u>	(7) FULL NAME OF MOTHER <u>Nickie Smith</u>
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(8) PRESENT RESIDENCE OF FATHER <u>Spartanburg SC</u>	(9) PRESENT RESIDENCE OF MOTHER <u>Spartanburg SC</u>
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(10) COLOR OF FATHER <u>W</u>	(11) AGE AT LAST BIRTHDAY <u>26</u> (Years)	(12) COLOR OF MOTHER <u>W</u>	(13) AGE AT LAST BIRTHDAY <u>21</u> (Years)
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(14) BIRTHPLACE <u>B.C.</u>	(15) BIRTHPLACE <u>B.C.</u>
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(16) OCCUPATION <u>Printer</u>	(17) OCCUPATION <u>Domestic</u>
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(18) Number of children born to mother, including present birth <u>2</u>	(19) Number of children of this mother now living, including present birth <u>one</u>
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## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was born alive or stillborn on the date above stated. (How A. M. or P. M.)(21) (Signature) W. B. Lawrence M.D. (22) Address of Physician or Midwife Spartanburg

Given name and address from a supplemental report <u>L. A. River M.D.</u> <u>211 4/44</u>	(23) Witness (Signature of Witness necessary only when question 22 is signed by mark) <u>James Carter</u>
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(24) Filed 12-12-23 (25) 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 required of stillbirths before the fifth month of pregnancy.