

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. E.—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)

1. PLACE OF BIRTH		Standard Certificate of Birth		FILE No.—For State Registrar Only	
County of <u>Orangeburg</u>		STATE OF SOUTH CAROLINA		22 049285	
Township of.....		Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of <u>North</u>		Registration District No.....		Registered No.....	
or				(For use of Local Registrar)	
City of.....		(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		<u>Wilbur Lee Holman</u>		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.....	5. Number, in order of birth.....	6. Premature..... Full term.....	7. Are Parents Married? <u>yes</u>
9. Full name <u>Leroy Holman</u>		FATHER		18. Name before marriage	
10. Residence (mailing address) (If non-resident, give place and State)		<u>North, S.C.</u>		19. Residence (mailing address) (If non-resident, give place and State)	
11. Color or race <u>Black</u>		12. Age at last birthday <u>22</u> (Years)		20. Color or race <u>Black</u>	
13. Birthplace (city or place) (State or country)		<u>Orangeburg S.C.</u>		21. Age at last birthday <u>19</u> (Years)	
14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		<u>Farming</u>		23. Trade, profession, or particular kind of work done, as house- keeper, typist, nurse, clerk, etc.	
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.	
16. Date (month and year) last engaged in this work		17. Total time (years) spent in this work		25. Date (month and year) last engaged in this work	
19.....		19.....		26. Total time (years) spent in this work	
27. Number of children of this mother (At time of birth and including this child)		(a) Born alive and now living <u>1</u>		(b) Born alive but now dead.....	
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 that I attended the birth of this child, who was <u>alive</u> at <u>7</u> p.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.)			(Signed)....., M.D.		
Given name added from a supplementary report..... (Date of).....			or <u>Iulidia Jeffcoat /s/</u> , Midwife.		
Registrar.			Address.....		
			Filed <u>June 10</u> , 19 <u>22</u> <u>F.A. Wolfe</u> Registrar.		

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

E. KENNETH AYCOCK, M.D., M.P.H., COMMISSIONER
J. MARION SIMS BUILDING — 2600 BULL STREET
COLUMBIA, SOUTH CAROLINA 29201

"I hereby certify this to be a true transcript of information contained on the record filed for this individual."

E. Kenneth Aycock, M.D.
Commissioner and State Registrar

Doris M. Myers
Assistant State Registrar