

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.
McGaw, of Columbia.

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**
 County of *Union* **STATE OF SOUTH CAROLINA**
 Bureau of Vital Statistics
 Township of *Union* State Board of Health
 or
 Inc. Town of Registration District No. *42-A* Registered No. *173*
 or
 City of *Union* (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No. *74423-A* For State Registrar Only
87689

(2) Full Name of Child *Alvin B. Hollingsworth* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL *Boy* (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH *Nov 17 1916*
(To be answered only in case of Twins or Triplets) (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME *John Luther Hollingsworth*
 (9) PRESENT POSTOFFICE OF FATHER *Union SC*
 (10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *21* (Years)
 (12) BIRTHPLACE *Laurens SC*
 (13) OCCUPATION *Knitter in Hosiery Mill*
 (20) Number of children born to mother, including present birth *1*

MOTHER.
 (14) NAME BEFORE MARRIAGE *Maud Ann Barlett*
 (15) PRESENT POSTOFFICE OF MOTHER *Union SC*
 (16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *20* (Years)
 (18) BIRTHPLACE *Missouri Mo. State*
 (19) OCCUPATION *Housewife*
 (21) Number of children of this mother now living, including present birth *1*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *6-50 P. M.* on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *John B. Bradley, M.D.*
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
 191.....
Loth M. ...
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed *Nov 17 1916* (28) *D. S. Garratt*
 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.

Form No. 3

1. PLACE OF BIRTH

County of Union

Township of _____

or
Inc. Town of _____or
City of Union

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4205 Registered No. 137

(For use of Local Registrar)

FILE No.—For State Registrar Only

87723-a

(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 Alvin Bellingsworth (If child is not yet named, make supplemental report as directed.)

3. BOY OR GIRL <u>Boy</u>	4. Twin or Triplet? To be answered only in event of Twins or Triplets	5. Number in order of birth	6. Are Parents Married? <u>Yes</u>	7. DATE OF BIRTH <u>Nov 12 1916</u> (Name of Month) (Day) (Year)
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FATHER

MOTHER

8. FULL NAME John Luther Hollingsworth 14. NAME BEFORE MARRIAGE Maude Irene Bartlett9. PRESENT POSTOFFICE OF FATHER Father dead. 15. PRESENT POSTOFFICE OF MOTHER Hickory N.C.10. COLOR OR RACE White 11. AGE AT LAST BIRTHDAY 30 (Years) 16. COLOR OR RACE White 17. AGE AT LAST BIRTHDAY 30 (Years)12. BIRTHPLACE Laurens S.C. 18. BIRTHPLACE Springfield Mo.13. OCCUPATION Steam Fitter 19. OCCUPATION Hosiery Mill Worker20. Number of children born to mother, including present birth 1 x 2 21. Number of children of this mother now living, including present birth 1 x 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

22. I hereby certify that I attended the birth of this child, who was born alive at 8:10 P.M. on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)23. Signature John C. Bradley, M.D.

24. State whether Physician or Midwife 25. Address of Physician or Midwife

Given name added from a supplemental report

26. Witness _____

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

19. _____
Registrar27. Filed Jan 8 1917 28. D. G. Gallman
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.

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.
GARY-BARDEN PRINTING CO.