

FORM NO. 1  
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		File No. — For State Registrar Only	
County of	Union	STATE OF SOUTH CAROLINA		87689	
Township of	Union	Bureau of Vital Statistics			
or		State Board of Health			
Inc. Town of		Registration District No.	42-A	Registered No.	173
or		(For use of Local Registrar)			
City of	Union	(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>Alvin B. Hollingsworth</u> If child is not yet named, make supplemental report as directed					
(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec 2 1911</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>John Luther Hollingsworth</u>	(14) NAME BEFORE MARRIAGE <u>Maud Irene Barlett</u>				
(9) PRESENT POSTOFFICE OF FATHER <u>Union SC</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Union SC</u>				
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>21</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)		
(12) BIRTHPLACE <u>Laurens Co SC</u>	(18) BIRTHPLACE <u>Missouri MO States</u>				
(13) OCCUPATION <u>Knitter in Hosiery Mill</u>	(19) OCCUPATION <u>Housewife</u>				
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>				
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>born alive</u> at <u>6-50 P. M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Jeane M. Bradley M.D.</u>					
(24) State whether Physician or Midwife (25) Address of Physician or Midwife					
Given name added from a supplemental report <u>Le M. Bradley</u> 1911 <u>Union SC</u> Registrar			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) <u>D. S. Larratt</u> (27) Filed <u>Nov 17 1911</u> (28) <u>D. S. Larratt</u> 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.					

K O D A K S . A

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. 4205Registered 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 street and number.)

2. Full Name of Child Alvin 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?

Yes

7. DATE OF BIRTH

Nov 12 1916  
(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

## FATHER

8. FULL NAME

John Luther Hollingsworth

9. PRESENT POSTOFFICE OF FATHER

Father dead.

10. COLOR OR RACE

White

11. AGE AT LAST BIRTHDAY

30  
(Years)

12. BIRTHPLACE

Laurens S.C.

13. OCCUPATION

Steam Fitter

20. Number of children born to mother, including present birth

1 x 2

## MOTHER

14. NAME BEFORE MARRIAGE

Maudie Irene Bartlett

15. PRESENT POSTOFFICE OF MOTHER

Hickory N.C.

16. COLOR OR RACE

White

17. AGE AT LAST BIRTHDAY

30  
(Years)

18. BIRTHPLACE

Springfield Mo.

19. OCCUPATION

Hosiery Mill Worker

21. Number of children of this mother now living, including present birth

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)

27. 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.

CARTER-HARDEN PRINTING CO.