

(1) PLACE OF BIRTH

County of *McClintock*Township of *Bardonia*

OF

Inc. TOWN OF

OF

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. *4.5.01*

File No. for State Registrar Only

8411

Registered No. *4.0*
(For use of Local Registrar)

St.; Ward)

(2) Full Name of Child

Boy

(4) Twin or Triplet?

(5) Number in order of birth

(6) No. Parents Married? *Yes*(7) DATE OF BIRTH *Feb 13 22*
(Name of Month) (Day) (Year)

FATHER

(8) FULL NAME *Arthur Hollaway*(9) PRESENT POSTOFFICE OF FATHER *McClintock*(10) COLOR *Blk* (11) AGE AT LAST BIRTHDAY *22*
(Race) (Years)(12) BIRTHPLACE *S.C.*(13) OCCUPATION *Farmer*(20) Number of children born to mother, including present birth *1*

MOTHER

(14) NAME BEFORE MARRIAGE *Stella Wilson*

(15) PRESENT POSTOFFICE OF MOTHER

(16) COLOR *Blk* (17) AGE AT LAST BIRTHDAY *19*
(Race) (Years)(18) BIRTHPLACE *S.C.*(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 *Alive* at *10 P.M.*
(Born alive or stillborn) (Hour or P.M.)
on the date above stated.(23) (Signature) *Gorgia Smith*

(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 *Mar 11 19 22* (28) *P. A. Matheson*
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.

In case of TWINS or TRIPLETS use a SEPARATE slip as in question 5. FIRST-BORN, No. 1. THIS FORM, No. 1, USE.

BUREAU OF COLUMBIA, COLUMBIA, S. C.