

9/20/43

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PaidU. S. Dept. of Commerce  
Bureau of the Census

22 049335

## 1. PLACE OF BIRTH

County of Richland

Township of .....

or

Inc. Town of .....

or

City of Columbia, S. C.

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

## Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 38a Registered No. ....

(For use of Local Registrar)

FILE No.—For State Registrar Only

01204

## 2. FULL NAME OF CHILD

Margaret Holley{ If child is not yet named, make  
supplemental report as directed.

3. Boy or Girl <b>Girl</b>	If Plural births	4. Twins, triplets or other.....	6. Premature.....	7. Are Parents Married? <b>No</b>	8. Date of birth <u>February 10, 19..22</u> (Month, day, year)
9. Full name		FATHER		18. Name before marriage	
10. Residence (mailing address) (If non-resident, give place and State).....		11. Color or race.....		12. Age at child's birth..... <u>15</u> (years)	
11. Color or race.....		12. Age at child's birth.....(years)		20. Color or race <u>Col.</u> 21. Age at child's birth..... <u>15</u> (years)	
13. Birthplace (city or place)..... (State or country)		14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.....		22. Birthplace (city or place)..... (State or country) <u>Columbia South Carolina</u>	
15. Industry or business in which work done, as silk mill, sawmill, bank, etc.....		16. Date (month and year) last engaged in this work		17. Total time (years) spent in this work.....	
16. Date (month and year) last engaged in this work		17. Total time (years) spent in this work.....		23. Trade, profession, or particular kind of work done, as house- keeper, typist, nurse, clerk, etc..... <u>Work on Farm</u>	
17. Total time (years) spent in this work.....		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.....		25. Date (month and year) last engaged in this work	
25. Date (month and year) last engaged in this work		26. Total time (years) spent in this work.....		27. Number of children of this mother (At time of birth and including this child) <u>1</u> (a) Born alive and now living..... <u>1</u> (b) Born alive but now dead..... <u>0</u> (c) Stillborn..... <u>0</u>	
26. Total time (years) spent in this work.....		27. Number of children of this mother (At time of birth and including this child) <u>1</u> (a) Born alive and now living..... <u>1</u> (b) Born alive but now dead..... <u>0</u> (c) Stillborn..... <u>0</u>		28. If stillborn, period of gestation.....	
28. If stillborn, period of gestation.....		29. Cause of stillbirth.....		Before labor.....	
29. Cause of stillbirth.....		Before labor.....		During labor.....	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at 10 P.m. on the date above stated.{ When there was no attending physician  
or midwife, then the father, householder  
etc., should make this return.Given name added from  
a supplementary report.....  
(Date of)

Registrar.

(Signed) Annie Holley, Parent  
or GuardianAddress 2416 Stack St.  
Filed Sept. 21, 19.43 L. A. Riser, M.D.  
Registrar.

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MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
each, in order of birth, stated.  
(See instructions on Back of Certificate.)  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of