

9/20/43

no corrects.

Paid

U. 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 street and number)

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 38-a 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

Girl

If Plural

births

4. Twins, triplets or other.....

6. Premature.....

7. Are Parents

8. Date of birth February 10, 1922

5. Number, in order of birth.....

Full term YesMarried? No

(Month, day, year)

9. Full
name

FATHER

18. Name before
marriage

MOTHER

Annie Holley

10. Residence (mailing address)

(If non-resident, give place and State).....

19. Residence (mailing address)

(If non-resident, give place and State) Columbia, S. C.

11. Color or race.....

12. Age at child's birth.....(years)

20. Color or race Col.21. Age at child's birth 15.....(years)

13. Birthplace (city or place)

(State or country).....

22. Birthplace (city or place)

(State or country) Columbia
South Carolina14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.....15. Industry or business in which
work done, as silk mill,
sawmill, bank, etc.....16. Date (month and year) last
engaged in this work17. Total time (years)
spent in this work.....23. Trade, profession, or particular
kind of work done, as house-
keeper, typist, nurse, clerk, etc.....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 workWork on Farm26. Total time (years)
spent in this work.....27. Number of children of this mother
(At time of birth and including this child) 1(a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn 0

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 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)

(Signed) Annie Holley

Parent

or.....

Guardian

Address 2416 Stark St.Filed Sept. 21, 1943 L. A. Riser, M.D.

Registrar.

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.

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of

(See instructions on Back of Certificate.)