

Form No. 1.

(1) PLACE OF BIRTH

County of

Anderson

Township of

Broadway

Inc. Town of

or

City of

(No. St. Ward)

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

Registration District No. *301*Registered No. *5-7*

(For use of Local Registrar)

(2) Full Name of Child

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <i>girl</i>	(4) Twin or Triplet?	(5) Number in order of birth <i>To be answered only in case of Twins or Triplets</i>	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>June 6 1916</i> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME <i>Jos Hollaway</i>	(14) NAME BEFORE MARRIAGE <i>Emma Dalton</i>
(9) PRESENT POSTOFFICE OF FATHER <i>Belton S.C.</i>	(15) PRESENT POSTOFFICE OF MOTHER <i>Belton S.C.</i>
(10) COLOR OR RACE <i>negro</i>	(16) COLOR OR RACE <i>negro</i>
(11) AGE AT LAST BIRTHDAY <i>49</i> (Years)	(17) AGE AT LAST BIRTHDAY <i>44</i> (Years)
(12) BIRTHPLACE <i>Anderson Co.</i>	(18) BIRTHPLACE <i>Greenville Co S.C.</i>
(13) OCCUPATION <i>farmer</i>	(19) OCCUPATION <i>house wife</i>
(20) Number of children born to mother, including present birth <i>9</i>	(21) Number of children of this mother now living, including present birth <i>9</i>

MOTHER.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive*, at *8:30* M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *W. R. Haynes*(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Belton S.C.*

Given name added from a supplemental report

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Registrar

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

(27) File *July 10 1916* (28) *W. L. Campbell* Local Registrar

MARRIAGE RECORDS AND BIRTH RECORDS.
 WRITE PLAINLY. WITH UNFADING INK—FILL IN A PERMANENT RECORD.
 M. 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.
 McCaw, of Columbia.

*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.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only
62980