

Form No. 1

## (1) PLACE OF BIRTH

County of BarnwellTownship of Red Oakor  
Inc. Town ofor  
City of

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only  
63160Registration District No. 509 Registered No. 21  
(For use of Local Registrar)(2) Full Name of Child Alma Holly { If child is not yet named, make supplemental report as directed(3) ~~Is~~ GIRL? (4) Twin or Triplet? (5) Number in order of birth To be answered only in event of Twins or Triplets (6) Are Parents Married? Yes (7) DATE OF BIRTH June 20 1916  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Ezekiel Holly(9) PRESENT POSTOFFICE OF FATHER Barnwell S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29 (Years)(12) BIRTHPLACE Barnwell Co.(13) OCCUPATION Farmer(20) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Jessie Hunkerson(15) PRESENT POSTOFFICE OF MOTHER Barnwell R.F. #2(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 23 (Years)(18) BIRTHPLACE Barnwell Co.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 2 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Rebecca Carter(24) State whether Physician or Midwife (25) Address of Physician or Midwife Barnwell S.C. R.F. #2

Given name added from a supplemental report

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

(27) Filed Aug 20 1916 (28) H. C. K. #2 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.

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.  
-Caw of Columbia