

FORM NO. 2. **MAJOR RESERVE FOR BINDING.**
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.
McGraw, of Columbia.

(1) PLACE OF BIRTH

County of Marion

Township of

or
Inc. Town of Marion

or
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

65302

Registration District No. 32-a

Registered No. 52

(For use of Local Registrar)

(No. 2 - Godbolt

St.; 2 Ward)

(2) Full Name of Child. Marion Augusta Holloway

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet? ☒

(5) Number in order of birth 1

(6) Are Parents Married? Yes

(7) DATE OF BIRTH June 15

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Marion Augusta Holloway

(9) PRESENT POSTOFFICE OF FATHER Marion SC

(10) COLOR OR RACE Negro

(11) AGE AT LAST BIRTHDAY 24
(Years)

(12) BIRTHPLACE Marion Co

(13) OCCUPATION Teacher

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Myrtle Moses

(15) PRESENT POSTOFFICE OF MOTHER Marion SC

(16) COLOR OR RACE Negro

(17) AGE AT LAST BIRTHDAY 24
(Years)

(18) BIRTHPLACE Marion SC

(19) OCCUPATION None

(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 Born alive at 12 10 P M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Marion S. Holloway

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Marion SC

Given name added from a supplemental report

191...

Registrar

(26) Witness

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

(27) Filed June 27 1916

(28) Arthur K. Craig 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.

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