CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
50533

(1) PLACE OF BIRTH

County of Spartanburg

Township of Spartanburg
or
Inc. Town of Glendale
or
City of ..... (No. ..... St.; ..... Ward)

Registration District No. 4008 Registered No. 452
(For use of Local Registrar)

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

(2) Full Name of Child Zuma Belle Holder } If child is not yet named, make supplemental report as directed

(3) Boy or Girl?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
Girl	(To be answered only in event of Twins or Triplets.)		Yes	Feb 25, 1916 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Robert Gary Holder

(9) PRESENT POSTOFFICE OF FATHER Glendale

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 47 (Years)

(12) BIRTHPLACE Union Co S C

(13) OCCUPATION Policeman

(20) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Ada L Smith

(15) PRESENT POSTOFFICE OF MOTHER Glendale

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 37 (Years)

(18) BIRTHPLACE Union Co S C

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive (Born alive or stillborn) at 4 P. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) William Arnold M.D.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Glendale 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 Feb 26 1916 (28) E. F. Parker
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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PRINTING REQUIRED, WRITE PLAINLY, WITH UNFADING INK—THIS IS A SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the

McCaw, of Columbia.