

## (1) PLACE OF BIRTH

County of Greene  
 Township of Chattahoochee  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

39536

Registration District No. 5501Registered No. 20  
(For use of Local Registrar)

City of ..... (No. .... St.; .... Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Morvin Holt (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 ..... (6) Are Parents Married? yes (7) DATE OF BIRTH Nov 26 1912  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME George Washington Holt(9) PRESENT POSTOFFICE OF FATHER Mtn Rest. S.C.(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 37 (Years)(12) BIRTHPLACE Rabun Co Ga.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth: Seven

## MOTHER.

(14) NAME BEFORE MARRIAGE Margaret Greene(15) PRESENT POSTOFFICE OF MOTHER Mtn Rest. S.C.(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 32 (Years)(18) BIRTHPLACE Macon Co N.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth: Five

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 7 A.M. on the date above stated. (Born alive or stillborn) (Hour, A.M. or P.M.)(23) (Signature) M F Phillips (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Mtn Rest. S.C.

Given name added from a supplemental report

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

(27) Filed Dec 4 1912 (28) W.R. Hunt 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.