

## (1) PLACE OF BIRTH

County of Orangeburg  
 Township of Holly Hill  
 Inc. Town of Holly Hill

## CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only  
78658

Registration District No. .... Registered No. 181  
 (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 Pressie Holmon { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? boy (4) Twin or triplet? No (5) Number in order of birth 3 (6) Are Parents Married? yes (7) DATE OF BIRTH aug. 27 1916  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Mathew Holmon

(9) PRESENT POSTOFFICE OF FATHER Holly Hill

(10) COLOR OR RACE color negro (11) AGE AT LAST BIRTHDAY 33 (Years)

(12) BIRTHPLACE Holly Hill township

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth four 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Jennie Snell

(15) PRESENT POSTOFFICE OF MOTHER Holly Hill

(16) COLOR OR RACE color negro (17) AGE AT LAST BIRTHDAY 28 (Years)

(18) BIRTHPLACE Holly Hill township

(19) OCCUPATION Farming

(21) Number of children of this mother now living, including present birth four 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born at 6 ..... A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) midwife Holly Hill S.C.

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

Given name added from a supplemental report

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

(27) Filed Sept 15, 1916 (28) Betsy Green  
 Registrar 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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