

(1) PLACE OF BIRTH

County of RichmondTownship of St. Jamesor
Inc. Town of ColumbiaCity of Columbia

(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

70080

Registration District No. 382Registered No. 196

(For use of Local Registrar)

(2) Full Name of Child Keive Wilma Hollingsworth 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 27, 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Keive Wilma Hollingsworth(9) PRESENT POSTOFFICE OF FATHER Augusta Ga.(10) COLOR OR RACE White(11) AGE AT LAST BIRTHDAY 28 (Years)(12) BIRTHPLACE SC.(13) OCCUPATION Teacher(20) Number of children born to mother, including present birth 2(14) NAME BEFORE MARRIAGE Winona Poley(15) PRESENT POSTOFFICE OF MOTHER Cala SC.(16) COLOR OR RACE White(17) AGE AT LAST BIRTHDAY 29 (Years)(18) BIRTHPLACE SC.(19) OCCUPATION housewife(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 7:30 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. T. Jones(24) State whether Physician or Midwife Physician(25) Address of Physician or Midwife 1533 Greenwood St.

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 Aug 19 1916

(28)

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.

Registrar

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N. H. 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.

N. H. of Columbia.

N. H.

McGraw.