

(1) PLACE OF BIRTH

County of Essex

Township of

or
Inc. Town ofor
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

21108

Registration District No. 22ARegistered No. 387

(For use of Local Registrar)

(2) Full Name of Child

Wesley Thomas Holroyd

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

To be answered only in event of twins or triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

July 28 29

FATHER.

(8) FULL NAME

Mr. R. E. Holroyd

(9) PRESENT POSTOFFICE OF FATHER

Essex

(10) COLOR OR RACE

W

(11) AGE AT LAST BIRTHDAY

95

(Years)

(12) BIRTHPLACE

P. C.

(13) OCCUPATION

Insurance

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

4

MOTHER.

(15) NAME BEFORE MARRIAGE

Mary Hunter

(16) PRESENT POSTOFFICE OF MOTHER

Essex

(17) COLOR OR RACE

W

(18) AGE AT LAST BIRTHDAY

27

(Years)

(19) BIRTHPLACE

P. C.

(20) OCCUPATION

House

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Delivered at 8:20 M., on the date above stated. (Hour A. M. or P. M.)(23) (Signature) [Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Essex, P. C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed July 31, 1923

(28)

C. E. Smith 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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