(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
41502

County of Greenville
Township of Reedy Fork
or
Inc. Town of Fountain Inn
or
City of .....

Registration District No. 10-13 Registered No. 145
(For use of Local Registrar)

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

(2) Full Name of Child Grover Mayfield Hollis

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH (Month) (Day) (Year)
Girl			Yes	Dec 6 22

FATHER.

(8) FULL NAME G D Hollis
(9) PRESENT POSTOFFICE OF FATHER Gettys R 6
(10) COLOR OR RACE Caucasian (11) AGE AT LAST BIRTHDAY 38 (Years)
(12) BIRTHPLACE S C
(13) OCCUPATION Farmer
(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Mattie Earl Hollis
(15) PRESENT POSTOFFICE OF MOTHER Gettys R 6
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36
(18) BIRTHPLACE S C
(19) OCCUPATION Farmer
(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated.

(Born alive or stillborn)

(23) (Signature) Mattie Earl Hollis (Mrs. A. M. Hollis)
(24) State whether Physician or Midwife
(25) Address of Physician or Midwife Mrs Mattie Earl Hollis

Given name added from a supplemental report

(26) Witness .....
(Signature of Witness necessary only when question 22 is signed by mark)

Received Dec 15 1922 (27) Date Dec 15 1922 (28) Local Registrar

Registrar

*When there was no attending physician or midwife in attendance, the father, householder, etc., should make this return.
If a child breathes even once it must be reported as a live birth. No report is desired of stillbirths before the fifth month of pregnancy.

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