

(1) PLACE OF BIRTH

County of NewberryTownship of 10or
Inc. Town ofor
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 Ulyses Holman

File No.—For State Registrar Only

27259

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3401Registered No. 33
(For use of Local Registrar)(7) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number In order of birth 2 (6) Are Parents Married? Yes (7) DATE OF BIRTH March 19 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Holman(9) PRESENT POSTOFFICE OF FATHER Prosperity(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 24 (Year)(12) BIRTHPLACE Newberry(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Sallie Single(15) PRESENT POSTOFFICE OF MOTHER Prosperity(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 24 (Year)(18) BIRTHPLACE Newberry Co(19) OCCUPATION Farming(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 2 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) George Anna Holman (Midwife)(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Tomaria

Given name added from a supplemental report

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

(27) Filed Sept 10 1922 (28) Elberta Sease 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

Local Registrar

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