

(1) PLACE OF BIRTH
 County of Aiken
 Township of Greenville
 or
 Inc. Town of
 or
 City of Greenville, S.C. (No. Greenville St.; Ward)
 (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
20679

Registration District No. 2-B Registered No. 36
 (For use of Local Registrar)

(2) Full Name of Child _____ { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>1</u> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>July 27, 1927</u> (Name of Month) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Emmett E. Holt</u>	(14) NAME BEFORE MARRIAGE <u>Mary Russell Eagle</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Cuthbert S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Cuthbert S.C.</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>29</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>19</u> (Years)
(12) BIRTHPLACE <u>Cuthbert S.C.</u>	(18) BIRTHPLACE <u>Cuthbert S.C.</u>	(13) OCCUPATION <u>Student</u>	(19) OCCUPATION <u>Domestic</u>
(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>2</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) [Signature]
 (24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Greenville S.C.

Given name added from a supplemental report _____

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

(27) Filed Aug 5th 1927 (28) W. H. Turnbull, Jr. 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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[Signature]