

(1) PLACE OF BIRTH
 County of Fairfield
 Township of No 1
 or
 Inc. Town of
 or
 City of (No. 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
46126

Registration District No. 1907 Registered No. 8
 (For use of Local Registrar)

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

(3) <u>BOY OR GIRL?</u> <u>girl</u>	(4) Twin or Triplet?	(5) Number in order of birth <small>To be answered only in case of Twins or Triplets</small>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Jan 21 1916</u> <small>(Name of Month) (Day) (Year)</small>
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FATHER.

(8) FULL NAME John Holley

(9) PRESENT POSTOFFICE OF FATHER Woodward, S.C.

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 30
(Years)

(12) BIRTHPLACE Fairfield Co., S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Siga Griffin

(15) PRESENT POSTOFFICE OF MOTHER Woodward, S.C.

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 24
(Years)

(18) BIRTHPLACE Fairfield Co., S.C.

(19) OCCUPATION Farmer hand

(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 Celine at 10 A. M. on the date above stated.
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Amy Sarnwell

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Woodward, S.C.

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 June 9 1916 (28) W. A. Blaine
 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.

MARGIN RESERVED FOR BINDING.
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the
 McCaw, of Columbia FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 3.