

(1) PLACE OF BIRTH

County of *Sumter*Township of *Raffin Creek*

Inc. Town of

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

53925

Registration District No. *4106*Registered No. *22*
(For use of Local Registrar)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 *Eva May Holliman* } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <i>girl</i>	(4) Twin or Triplet?	(5) Number in order of birth <i>2</i>	(6) Are Parents Married? <i>no</i>	(7) DATE OF BIRTH <i>Feb 27 1916</i>
To be answered only in event of Twin or Triplet's				(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Clod James*

(9) PRESENT POSTOFFICE OF FATHER *Rumbert S.C.*

(10) COLOR OR RACE *negro* (11) AGE AT LAST BIRTHDAY *21* (Years)

(12) BIRTHPLACE *Sumter S.C.*

(13) OCCUPATION *Field Laborer*

(14) Number of children born to father, including present birth *2*

MOTHER.

(14) NAME BEFORE MARRIAGE *Eliza Holliman*

(15) PRESENT POSTOFFICE OF MOTHER *Rumbert S.C.*

(16) COLOR OR RACE *negro* (17) AGE AT LAST BIRTHDAY *18* (Years)

(18) BIRTHPLACE *Sumter S.C.*

(19) OCCUPATION *Field Laborer*

(20) 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 *born* at *Sumter S.C.* on the date above stated. (Hour A. M. or P. M.)(23) (Signature) *A Susan X Holliman*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

midwife Rumbert 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 *Apr 5 1916*

(28)

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.

fifth month of pregnancy.

(copy from original in pencil.)

MAILED IN REGISTRATION FOR FILING

WHEN FILING IN A SEPARATE BOOK FOR EACH CHILD, AND CHECK THE

NO. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BOOK NO. 2, ETC. IN QUESTION 5.

FILE NO. 10.

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