

S.H.H.  
7-23-45  
file 3349-4032

16 092896

U. S. Dept. of Commerce  
Bureau of the Census

1. PLACE OF BIRTH  
County of Aiken  
Township of \_\_\_\_\_  
or  
Inc. Town of Rt 4 Aiken  
or  
City of \_\_\_\_\_  
(If birth occurs in a hospital or other institution, give name of same instead of street and number)

Standard Certificate of Birth  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health  
Registration District No. 2,004

FILE No.—For State Registrar Only  
0055

Registered No. \_\_\_\_\_  
(For use of Local Registrar)

2. FULL NAME OF CHILD Johnnie Holloway { If child is not yet named, make supplemental report as directed

3. Boy or Girl <u>Boy</u>	If Plural births	4. Twins, triplets or other.....	5. Number, in order of birth.....	6. Premature ..... Full term <u>X</u>	7. Are Parents Married? <u>Yes</u>	8. Date of birth <u>February 9, 1946</u> (Month, day, year)
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9. Full name FATHER Willie Holloway

18. Name before marriage MOTHER Mary Lyons

10. Residence (mailing address) R. 4, Aiken, S.C.  
(If non-resident, give place and State)

19. Residence (mailing address) R. 4, Aiken, SC/  
(If non-resident, give place and State)

11. Color or race..... Col.

20. Color or race..... Col.

12. Age at last birthday..... 25 (years)

21. Age at last birthday..... 23 (years)

13. Birthplace (city or place) S.C.  
(State or country)

22. Birthplace (city or place) S.C.  
(State or country)

14. Trade, profession or particular kind or work done, as spinner, lawyer, bookkeeper, etc..... Farmer

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc..... Housewife

15. Industry or business in which work done, as silk mill, sawmill, bank, etc. ....

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.....

16. Date (month and year) last engaged in this work

25. Date (month and year) last engaged in this work

17. Total time (years) spent in this work.....

26. Total time (years) spent in this work.....

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living..... 10 (b) Born alive but now dead..... 0 (c) Stillborn.....

28. If stillborn, period of gestation..... { months weeks } 29. Cause of stillbirth..... { Before labor..... During labor..... }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at 6.00 P. m. on the date above stated.

{ When there was no attending physician or midwife, then the father, householder etc., should make this return. }

(Signed Mary Lyons Holloway Parent or \_\_\_\_\_, Guardian

Given name added from a supplementary report \_\_\_\_\_ (Date of) \_\_\_\_\_

Address 424 Newberry St  
Filed 8-31, 1945, Thos P. Lesesne Registrar.

Registrar.

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
each, in order of birth, stated.  
(See Instructions on Back of Certificate.)  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of