

J.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 _____

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2,094

FILE No.—For State Registrar Only

0055

Registered No. _____
(For use of Local Registrar)

(No. R. 4, Aiken, S.C. Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number)

2. FULL NAME OF CHILD

Johnnie Holloway

If child is not yet named, make supplemental report as directed

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

MOTHER
18. Name before marriage Mary Lyons

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

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

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)
(State or country) S.C.

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

14. Trade, profession or particular
kind of 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..... (b) Born alive but now dead..... (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. }

Given name added from
a supplementary report _____

(Date of)

Registrar.

(Signed Mary Lyons Holloway Parent
or _____, Guardian
Address 424 Newberry St.
Filed 8-31, 1945 Thos. P. Lesesne
Registrar.

MARGIN RESERVED FOR BINDING

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