

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 FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

RECAP OF COLUMBIA, COLUMBIA, S. C.

Form No. 1

(1) PLACE OF BIRTH

County of Saluda S.C.  
Township of 6  
OR  
Inc. Town of 6  
OR  
City of 6

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
**36340**

Registration District No. 6 Registered No. 3705  
(For use of Local Registrar)

City of 6 (No. 6 St. 6 Ward 6)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH July 4, 1922  
(State of Month) (Day) (Year)

FATHER  
(8) FULL NAME Bill Holland  
(9) PRESENT POSTOFFICE OF FATHER Saluda S.C.  
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 50 (Years)  
(12) BIRTHPLACE Saluda S.C.  
(13) OCCUPATION Farming  
(20) Number of children born to mother, including present birth 7

MOTHER  
(14) NAME BEFORE MARRIAGE Oliza Mayson  
(15) PRESENT POSTOFFICE OF MOTHER Saluda S.C.  
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 40 (Years)  
(18) BIRTHPLACE Saluda S.C.  
(19) OCCUPATION House wife  
(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Ida Abney  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Saluda S.C.

Given name added from a supplemental report

P.B. Crouch 1922  
Registrar

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

(27) Filed Oct 23, 1922 (28) P.B. Crouch  
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.