

## (1) PLACE OF BIRTH

County of St. LawrenceTownship of Watersville, St.

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

42360

Registration District No. 2002 Registered No. 45  
(For use of Local Registrar)(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 Ethel Eugenia Holloman If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Girl</u>	(4) Twin or Triplet? <u>No</u> To be answered only in event of Twin or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec. 19</u> 19 <u>22</u> (Name of Month) (Day) (Year)
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## FATHER.

(8) FULL NAME James Cole Holloman(9) PRESENT POSTOFFICE OF FATHER Linnonville, St.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 26 (Years)(12) BIRTHPLACE Enon, St.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth Two

## MOTHER.

(14) NAME BEFORE MARRIAGE Minnie M. Cain(15) PRESENT POSTOFFICE OF MOTHER Linnonville, St.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE Enon, St.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth Two

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive at 9:30 A.M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Mary Gray  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Linnonville, St.

Given name added from a supplemental report

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Jan 5 1923 (28) H. O. Pittman 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.

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