

(1) PLACE OF BIRTH

County of LexingtonTownship of Holloway 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

7717

Registration District No. 3108Registered No. 7
(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 John If child is not yet named, make supplemental report as directed(3) BOY OR GIRL girl (4) Twin or Triplet 1 (5) Number in order of birth 1 (6) Are Parents Married yes (7) DATE OF BIRTH March 7, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Arthur(9) PRESENT POSTOFFICE OF FATHER ...(10) COLOR OR RACE ... (11) AGE AT LAST BIRTHDAY ... (Years)(12) BIRTHPLACE ...(13) OCCUPATION ...(20) Number of children born to mother, including present birth ...

MOTHER.

(14) NAME BEFORE MARRIAGE ...(15) PRESENT POSTOFFICE OF MOTHER ...(16) COLOR OR RACE ... (17) AGE AT LAST BIRTHDAY ... (Years)(18) BIRTHPLACE ...(19) OCCUPATION ...(21) Number of children of this mother now living, including present birth ...

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

Given name added from a supplemental report

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

(27) Filed Apr 10 1923 (28) J. H. Stuck 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.

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

Bureau of Columbia, Columbia, S. C.