

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town of

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

7730

Registration District No.

Registered No.

(For use of Local Registrar)

(2) Full Name of Child

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

(3) BOY OR GIRL?

boy

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Feb. 2

1923

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Allen Holloway

(9) PRESENT POSTOFFICE OF FATHER

Callison

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

23

(Years)

(12) BIRTHPLACE

S. C.

(13) OCCUPATION

Farmer

(20) Number of children born to mother, including present birth

1

MOTHER

(14) NAME BEFORE MARRIAGE

Mary

(15) PRESENT POSTOFFICE OF MOTHER

Callison

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

28

(Years)

(18) BIRTHPLACE

S. C.

(19) OCCUPATION

Housewife

(21) Number of children of this mother now living, including present birth

2

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

Given name added from a supplemental report

(26) Witness

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

(27) Filed

April 1923

(28)

E. H. Mosley

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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