

Form No. 1

(1) PLACE OF BIRTH

County of LawrenceTownship of Shenandoah

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

21658

Registration District No. 2702 Registered No. 60
(For use of Local Registrar)(No. 3 R + D 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 Azile Holland

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

3) BOY OR GIRL? <u>girl</u>	4) Twin or Triplet? To be answered only in event of Twin or Triplet	5) Number in order of birth	6) Are Parents Married? <u>no</u>	7) DATE OF BIRTH (Name of Month) (Day) (Year) <u>July 28, 1923</u>
FATHER.		MOTHER.		
8) FULL NAME <u>W. L. Holland</u>	14) NAME BEFORE MARRIAGE <u>Azile Holland</u>			
9) PRESENT POSTOFFICE OF FATHER <u>Clinton S.C.</u>	15) PRESENT POSTOFFICE OF MOTHER <u>Clinton S.C.</u>			
10) COLOR OR RACE <u>negro</u>	16) AGE AT LAST BIRTHDAY (Years) <u>15</u>			
12) BIRTHPLACE <u>S.C.</u>	17) BIRTHPLACE <u>S.C.</u>			
13) OCCUPATION	18) OCCUPATION <u>day work farm</u>			
20) Number of children born to mother, including present birth <u>1</u>	21) Number of children of this mother now living, including present birth <u>1</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 4 a. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Emma X Vance
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife Clinton S.C.

Given name added from a supplemental report

(26) Witness L. W. Barclay
(Signature of Witness necessary only when question 23 is signed by mark)(27) File Aug 6, 1923 (28) L. W. Barclay
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 3.

McCabe of Columbia, Columbia, S. C.