

Form No. 1

(1) PLACE OF BIRTH

County of Greenwood
 Township of Phoenix
 or
 Inc. Town of.....
 or
 City of.....

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

4496

Registration District No. 2311 Registered No. E
 (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 Harding Hollins 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 Feb. 22, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME W. G. Hollins
 (9) PRESENT POSTOFFICE OF FATHER Gaines St.
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY..... (Years)
 (12) BIRTHPLACE S.C.
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth Three

MOTHER.

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

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) Dr. O. L. Ward
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Greenwood South C.

Given name added from a supplemental report

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

(27) Filed Feb. 30, 1922 (28) G. L. Stallworth 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.

MARGIN RESERVED FOR BINDING.
 WATER PLANKING, 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.

MOBAY OF COLUMBIA, S. C.

S. A. F. E. T. Y. A. F. M.