

STATE OF SOUTH CAROLINA

CERTIFICATE OF BIRTH

File No. — For State Registrar Only

12796

County of *Anderson*
Township of *Brushy Creek*

Registration District No. *202*

Registered No. *30*
(For use of Local Registrar)

City of *...* (No. *...* St.; *...* Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Full Name of Child *Kate Hollingsworth* child is not yet named, make supplemental report as directed

(1) Sex of Child *Girl* (2) Twin or Triplet? *No* (3) Number in order of birth *1* (4) Are Parents Married? *Yes* (5) DATE OF BIRTH *May 3 1923*
(Name of Month) (Day) (Year)

FATHER.
(6) FULL NAME *George W. Hollingsworth*
(7) PRESENT POSTOFFICE OF FATHER *Easley S.C.R.#3*
(8) COLOR OR RACE *white* (9) AGE AT LAST BIRTHDAY *44* (Years)
(10) BIRTHPLACE *Pickens Co. S.C.*
(11) OCCUPATION *Farmer*
(12) Number of children born to mother, including present birth *five*

MOTHER.
(13) NAME BEFORE MARRIAGE *Sallie Lesley*
(14) PRESENT POSTOFFICE OF MOTHER *Easley S.C.R.#3*
(15) COLOR OR RACE *white* (16) AGE AT LAST BIRTHDAY *43* (Years)
(17) BIRTHPLACE *Haywood Co. N.C.*
(18) OCCUPATION *house keeper*
(19) Number of children of this mother now living, including present birth *four*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(20) I hereby certify that I attended the birth of this child, who was *alive* as *5:30 A.M.* (Hour *A.M.* or *P.M.*)
on the date above stated.

(21) (Signature) *J. C. R. H.* (22) Address of Physician or Midwife *Easley S.C.R.H.*
(23) State whether Physician or Midwife

Give name added from a supplemental report
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Registrar

(24) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(25) Filed *May 1 1923* (26) 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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