

MARGIN RESERVED FOR BINDING.
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD, and mark the 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.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Barnwell</u>		STATE OF SOUTH CAROLINA		88437	
Township of <u>Barnwell</u>		Bureau of Vital Statistics			
Inc. Town of <u>Barnwell</u>		State Board of Health			
City of		Registration District No. <u>5-01</u>		Registered No. <u>68</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		No.		St.; Ward)	
(2) Full Name of Child <u>Arthur Holman</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH	
	To be answered only in case of Twins or Triplets		<u>yes</u>	<u>Nov 24, 1906</u>	
				(Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME	<u>Harry Holman</u>		(14) NAME BEFORE MARRIAGE	<u>Hattie Williams</u>	
(9) PRESENT POSTOFFICE OF FATHER	<u>Barnwell S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER	<u>Barnwell S.C.</u>	
(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY	<u>24</u>	(16) COLOR OR RACE	(17) AGE AT LAST BIRTHDAY	<u>21</u>
(12) BIRTHPLACE	<u>Barnwell Co</u>		(18) BIRTHPLACE	<u>Barnwell Co.</u>	
(13) OCCUPATION	<u>Farmer</u>		(19) OCCUPATION	<u>Housewife</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 <u>alive</u> at <u>3 A.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Ellen Holman</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Physician or Midwife <u>Barnwell S.C.</u>					
Given name added from a supplemental report			(26) Witness		
			(Signature of Witness necessary only when question 23 is signed by mark)		
19			(27) Filed <u>Nov 27, 1906</u>		
Registrar			(28) <u>R. Shukl and</u> 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.					