

Registrar Only

(1) PLACE OF BIRTH

County of York
Township of
or
Inc. Town of
or
City of Rock Hill

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

File No.—For State Registrar Only
20492

Registration District No. 4413 Registered No. 123
(For use of Local Registrar)

(2) Full Name of Child Lemuel Eiler Holroyd (No. St.; Ward)
(If birth occurs in a hospital or other institution give name of same instead of street and number.)
If child is not yet named, make supplemental report as directed

3) BOY OR GIRL GIRL 4) Twin or Triplet? 5) Number in order of birth 1st 6) Are Parents Married? yes 7) DATE OF BIRTH June 27, 32
(Name of Month) (Day) (Year)
To be answered only in event of Twins or Triplets

FATHER.
8) FULL NAME L. G. Holroyd
9) PRESENT POSTOFFICE OF FATHER Rock Hill S. C.
10) COLOR OR RACE white 11) AGE AT LAST BIRTHDAY 23 (Years)
12) BIRTHPLACE Hampton S. C.
13) OCCUPATION Book. Keeper
20) Number of children born to mother, including present birth 1

MOTHER.
14) NAME BEFORE MARRIAGE Nadine Easterling
15) PRESENT POSTOFFICE OF MOTHER Rock Hill S. C.
16) COLOR OR RACE white 17) AGE AT LAST BIRTHDAY 21 (Years)
18) BIRTHPLACE Bennettsville S. C.
19) OCCUPATION Housewife
21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was... born alive... at... 5:20 P.M....
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
(23) (Signature) W. E. Simpson
(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report
.....
.....
..... 19... Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) Filed 7/19 19... (28) Lemuel 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.

Only

Ward

make

ted

M., P. M.)

Midwife

return.