

## (1) PLACE OF BIRTH

County of GreenvilleTownship of GreenvilleInc. Town of GreenvilleCity of Greenville

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 2497Honor 24

No. for State Register Only

14197

Registered No. 14197  
(For use of Local Registrar)St. 1 Ward 1(2) Full Name of Child Elizabeth Mul Hollybee

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

(3) SEX OF CHILD <u>girl</u>	(4) Type of Twins <u>X</u> To be completed only in case of Twins or Triplets	(5) Number in order of birth <u>X</u>	(6) Age of Child <u>7 1/2</u>	(7) DATE OF BIRTH <u>Mar 7 1923</u> (Name of Month) (Day) (Year)
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FATHER		MOTHER	
(8) FULL NAME <u>Harrison Hollybee</u>	(14) NAME BEFORE MARRIAGE <u>Mathie Hartins</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Greenville</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Greenville S.C.</u>
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>16</u> (Years)
(12) BIRTHPLACE <u>Carters O. Oklahoma</u>	(18) BIRTHPLACE <u>Union Co. Ga</u>	(13) OCCUPATION <u>Lexile</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>Five (5)</u>		(21) Number of children of this mother now living, including present birth <u>Four (4)</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was white at 7:00 P.M. on the date above stated.  
(Born alive or stillborn) (Hour P. M. or P. M.)

(23) (Signature) <u>T. L. Lott</u>	(24) State whether Physician or Midwife <u>Physician</u>	(25) Address of Physician or Midwife <u>Greenville S.C.</u>
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Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed in ink) <u>May 1 1923</u>	(27) Local Registrar <u>Thos. McFar</u>
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\*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.