

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)

U. S. Dept. of Commerce
Bureau of the Census

1. PLACE OF BIRTH

County of Aiken
Township of _____
or
Inc. Town of _____
or
City of _____

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

Standard Certificate of Birth

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

Registration District No. 200

FILE No.—For State Registrar Only

00125

Registered No. _____
(For use of Local Registrar)

2. FULL NAME OF CHILD Fannie Mae Holland

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

3. Boy or Girl Girl 4. Twin, triplet or other _____ 5. Number, in order of birth _____ 6. Premature _____ 7. Are Parents _____ 8. Date of birth Aug. 22 1916
(Month, day, year)

9. Full name FATHER
Heyward Holland

18. Name before marriage MOTHER
Alice Freeman

10. Residence (mailing address)
(If non-resident, give place and State) Aiken, S. C.

19. Residence (mailing address)
(If non-resident, give place and State) Aiken, S. C.

11. Color or race Col. 12. Age 21 (years)

20. Color or race Col. 21. Age 21 (years)

13. Birthplace (city or place)
(State or country) S. C.

22. Birthplace (city or place)
(State or country) S. C.

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. _____

16. Date (month and year) last engaged in this work _____

17. Total time (years) spent in this work _____

25. Date (month and year) last engaged in this work _____

26. Total time (years) spent in this work _____

27. Number of children of this mother
(At time of birth and including this child (a) Born alive and now living _____ (b) Born alive but now dead _____ (c) Stillborn _____

28. If stillborn, period of gestation _____ months _____ weeks

29. Cause of stillbirth _____ Before labor _____ During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at _____ m. on the date above stated.
(Born alive or stillborn)

I certify that I instilled or had instilled in the eyes of this child at _____ m. on above date.

Cleft Palate _____ Hare Lip _____ Other Deformities _____ (Name of Prophylactic)

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Given name added from a supplementary report _____ (Date of)

(Signed) Ben Freeman M. D.

or _____ Midwife

Address _____

Filed Mar 18 19 16 M. B. Yorkwood

State Registrar

Local Registrar