

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.....

Standard Certificate of Birth

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

Registration District No. 200 Registered No.
(For use of Local Registrar)

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 <u>Girl</u>	If Plural births	4. Twin, triplet or other.....	5. Number, in order of birth.....	6. Premature..... Full term <u>Yes</u>	7. Are Parents Married? <u>Yes</u>	8. Date of Birth <u>Aug. 22, 1916</u> (Month, day, year)
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9. Full name <u>FATHER</u> <u>Heyward Holland</u>	18. Name before marriage <u>MOTHER</u> <u>Alice Freeman</u>
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10. Residence (mailing address) (If non-resident, give place and State) <u>Aiken, S. C.</u>	19. Residence (mailing address) (If non-resident, give place and State) <u>Aiken, S. C.</u>
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11. Color or race <u>Col.</u>	12. Age <u>21</u> (years)	20. Color or race <u>Col.</u>	21. Age <u>21</u> (years)
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13. Birthplace (city or place) (State or country) <u>S. C.</u>	22. Birthplace (city or place) (State or country) <u>S. C.</u>
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OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>	OCCUPATION	23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>Housewife</u>
	15. Industry or business in which work 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		25. Date (month and year) last engaged in this work
	17. Total time (years) spent 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.....
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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.....
(Name of Prophylactic)

Cleft Palate..... Hare Lip..... Other Deformities.....
(Specify)

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

(Signed) Ben Freeman, M. D.

or..... Midwife

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

Address.....

Filed Mar 18, 1916 M. B. Woodruff
Local Registrar

State Registrar