

Form No. 3

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of Hampton

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

77473

Township of

or

Inc. Town of Brunson

or

City of

Registration District No. 2407Registered No. 188

(For use of Local Registrar)

(No.)

St.;

Ward)

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

(2) Full Name of Child. Alma Load Holt

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

(3) BOY OR GIRL? girl(4) Twin or Triplet? 1(5) Number in order of birth 5

To be answered only in case of Twins or Triplets

(6) Are Parents Married? yes(7) DATE OF BIRTH Sept. 11, 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Lee Load Holt

(9) PRESENT POSTOFFICE OF FATHER

Brunson

(10) COLOR OR RACE

Colored(11) AGE AT LAST BIRTHDAY 34
(Years)

(12) BIRTHPLACE

Brunson

(13) OCCUPATION

farmer

(20) Number of children born to mother, including present birth

{ 5 }

MOTHER.

(14) NAME BEFORE MARRIAGE

Daisy Early

(15) PRESENT POSTOFFICE OF MOTHER

Brunson

(16) COLOR OR RACE

Colored(17) AGE AT LAST BIRTHDAY 28
(Years)

(18) BIRTHPLACE

Brunson

(19) OCCUPATION

house keeping

(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 Brunson 7 M.,
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Sallie Early

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

midwife Brunson SC

Given name added from a supplemental report

101....

Registrar

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Sept 18, 1916

(28)

Geo Rogers

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.

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

*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.

McCaw, of Columbia