

## (1) PLACE OF BIRTH

County of GreenvilleTownship of MyrtleIncl. Town of MyrtleCity of Myrtle

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

(2) Full Name of Child John Wm. Hollaway If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy

(4) Twin or triplet?

(5) Number in order of birth

To be answered only in case of twins or triplets

(6) Are Parents yes Married yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

W. G. Hollaway

(9) PRESENT POSTOFFICE OF FATHER

Myrtle

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

26

(Years)

(12) BIRTHPLACE

Sc

(13) OCCUPATION

Tile & P

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

11 - 3

MOTHER.

(14) NAME BEFORE MARRIAGE

Dr. S. Campbell

(15) PRESENT POSTOFFICE OF MOTHER

Myrtle

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

20

(Years)

(18) BIRTHPLACE

Sc

(19) OCCUPATION

Domestic

(20) Number of children of this mother now living, including present birth

1 - 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive, at 6 9 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

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

PhysicianMyrtle

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed Apr 10 1922

1922

(28) W. H. Bailey

Local Registrar

When there was no attending physician or midwife, then the father, householder, or 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.

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