

(1) PLACE OF BIRTH

County of *Alexander*Township of *11*or
Inc. Town of *11*or
City of *Alexander*

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

(2) Full Name of Child *Arthur Elliott Holman* If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? *Boy*

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets.

(5) Number in order of birth *2*(6) Are Parents Married? *Yes*

(7) DATE

BIRTH

(Name of Month) (Day) (Year)

Aug 19 1916

FATHER.

(8) FULL NAME *Arthur Elliott Holman*(9) PRESENT POSTOFFICE OF FATHER *Alexander SC*(10) COLOR OR RACE *White* (11) AGE AT LAST BIRTHDAY *32* (Years)(12) BIRTHPLACE *Carysburg Co*(13) OCCUPATION *Supt Electric Light Co*(20) Number of children born to mother, including present birth *2*

MOTHER.

(14) NAME BEFORE MARRIAGE *Olive Honitt Brown*(15) PRESENT POSTOFFICE OF MOTHER *Alexander SC*(16) COLOR OR RACE *White* (17) AGE AT LAST BIRTHDAY *27* (Years)(18) BIRTHPLACE *Alexander SC*(19) OCCUPATION *Housewife*(21) Number of children of this mother now living, including present birth *2*

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *born* (Born alive or stillborn) (How? A.M. or P.M.) on the date above stated. *9 9 M.*(23) (Signature) *Physician*(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Alexander SC*

Given name added from a supplemental report

(26) Witness

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

(27) Filed *191* (28) *H. B. Smyth* 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.

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