

THIS BLANK FOR TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE

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

(1) PLACE OF BIRTH
 County of Greenville
 Township of Piedmont
 or
 Inc. Town of Piedmont
 or
 City of Piedmont
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA.
 Bureau of Vital Statistics
 State Board of Health

File No.—For State Board Only
56009

Registration District No. 285 Registered No. 285
 (For use of Local Registrar)

(2) Full Name of Child Anna Pauline Hollingsworth If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>girl</u>	(4) Twin or Triplet? <u>no</u> <small>To be answered only in case of Twins or Triplets</small>	(5) Number in order of birth	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Apr. 24</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>F. C. Hollingsworth</u>			(14) NAME BEFORE MARRIAGE <u>Julie Morgan</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Piedmont</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Piedmont</u>	
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>21</u> <small>(Years)</small>	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>21</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Greenville</u>			(18) BIRTHPLACE <u>Anderson</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>House work</u>	
(20) Number of children born to mother, including present birth <u>2</u>			(21) Number of children of this mother now living, including present birth <u>2</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) J. H. Campbell

(24) State where Physician or Midwife Physician Piedmont

(25) Witness (Signature of Witness necessary only when question 22 is signed by mark) R. P. Phillips

(26) Filed Apr. 24 1911 (27) R. P. Phillips Local Registrar

Given name added from a supplemental report
 _____ 191____
 _____ 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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