

## (1) PLACE OF BIRTH

County of Barnwell  
 Township of Rocky Hill  
 or  
 Inc. Town of Swainsboro  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

No. 10.—For State Registrar Only

5074

Registration District No. 3-2-9 Registered No. 26  
 (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 Paul Holly If child is not yet named, make supplemental report as directed

(3) SEX OR GUILD <u>Boy</u>	(4) Twin or Triplet To be answered only in case of Twin or Triplet	(5) Number in order of birth	(6) Age Parents Married <u>yr</u>	(7) DATE OF BIRTH <u>Feb 8</u> 19 <u>23</u> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <u>Stephen Holly</u>			(14) NAME BEFORE MARRIAGE <u>Alice Barber</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Barnwell</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Barnwell</u>	
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>20</u> (Years)	(16) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>30</u> (Years)	
(12) BIRTHPLACE <u>S. C.</u>			(18) BIRTHPLACE <u>S. C.</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Teacher</u>	
(20) Number of children born to mother, including present birth <u>1</u>			(21) Number of children of this mother now living, including present birth <u>1</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Born alive at 1:20 P.M. on the date above stated.  
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rebecca S. Carter

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed April 7, 1923 (28) Mr. Paul Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.

1. Fill in one of forms on this page and return to the Bureau of Vital Statistics, Columbia, S. C. FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.