

(1) PLACE OF BIRTH

County of Greenville CoTownship of Chick Springor
Inc. Town of
orCity of (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 Hardy Green Holtzman { If child is not yet named, make supplemental report as directed(3) BOY OR
GIRL?(4) Twin
or triplet?(5) Number in
order of birth

6

(6) Are
Parents
Married?

Yes

(7) DATE OF
BIRTH Oct. 22, 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAMEJohn Edgar Holtzman(9) PRESENT
POSTOFFICE
OF FATHERGreenville S.C.(10) COLOR
OR
RACEWhite(11) AGE AT LAST
BIRTHDAY45
(Years)

(12) BIRTHPLACE

Greenville Co

(13) OCCUPATION

Farming(20) Number of children born to
mother, including present birth6

MOTHER.

(14) NAME BEFORE
MARRIAGEMiss Virginia Green(15) PRESENT
POSTOFFICE
OF MOTHERGreenville S.C.(16) COLOR
OR
RACEWhite(17) AGE AT LAST
BIRTHDAY25
(Years)

(18) BIRTHPLACE

Greenville Co

(19) OCCUPATION

Domestic(21) Number of children of this mother
now living, including present birth6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplement
report

151

Registrar

(26) Witness

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

(27) Filed

192223

(28)

Local RegistrarWhen 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.If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths
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