

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. H.—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.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Horry</u>		STATE OF SOUTH CAROLINA		77533	
Township of <u>Conway</u>		Bureau of Vital Statistics			
Inc. Town of .....		State Board of Health			
City of .....		Registration District No. <u>250</u>		Registered No. <u>149</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		St.; .....		Ward)	
(2) Full Name of Child <u>Ruby May Holt</u>				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> To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>Sept 29, 1916</u> (Name of Month) (Day) (Year)	
FATHER.			MOTHER.		
(8) FULL NAME <u>H. H. Holt</u>			(14) NAME BEFORE MARRIAGE <u>Margaret Price</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Conway SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Conway SC</u>		
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>34</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>34</u> (Years)		
(12) BIRTHPLACE <u>Horry Co</u>			(18) BIRTHPLACE <u>Horry Co</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>4</u>			(21) Number of children of this mother now living, including present birth <u>3</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*					
(22) I hereby certify that I attended the birth of this child, who was <u>Alive</u> at <u>3 P.</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Mabinda McDowell</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Physician or Midwife <u>Uma Se</u>					
Given name added from a supplemental report			(26) Witness .....		
..... 19 .....			(27) Filed <u>Sept 30, 1916</u> (28) <u>J. F. Dorian</u> Local Registrar.		
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.