

(1) PLACE OF BIRTH

County of Anderson

Township of

OR

Inc. Town of

OF

City of Anderson Co. S.C.

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

(2) Full Name of Child Mattie Louise Holcomb (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Girl</u>	(4) Twin or Triplet? <u>1</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept. 24, 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Gleason Holcomb(9) PRESENT POSTOFFICE OF FATHER Anderson S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 22 (Years)(12) BIRTHPLACE Anderson S.C.(13) OCCUPATION Julius man(20) Number of children born to mother, including present birth One

MOTHER.

(14) NAME BEFORE MARRIAGE Mobile Murphy(15) PRESENT POSTOFFICE OF MOTHER Anderson S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Years)(18) BIRTHPLACE Anderson S.C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 3:15 A.M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) John Gray

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Anderson S.C.

Given name added from a supplemental report

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

(27) Filed 1922 (28) F. B. CRAYTON, ANDERSON S.C.

*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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