

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
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 4.

Board of Columns. Columns, 8. C.

(1) PLACE OF BIRTH  
County of Charleston  
Township of St. James  
or  
Inc. Town of St. James  
or  
City of Charleston  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
Registration District No. 9-13 Registered No. 27  
(For use of Local Registrar)

(2) Full Name of Child Hollie Van Cloyd  
(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Girl (4) Twin or Triplet 1 (5) Number in order of birth 2 (6) Age at Birth 2 (7) DATE OF BIRTH Sept 20 1923  
(Name of Month) (Day) (Year)

FATHER  
(8) FULL NAME Hollie Van Cloyd  
(9) PRESENT POSTOFFICE OF FATHER Wt Pleasant S C  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31  
(Years)  
(12) BIRTHPLACE Indiana  
(13) OCCUPATION Notman  
(14) Number of children born to mother, including present birth 2

MOTHER  
(14) NAME BEFORE MARRIAGE Thelma E. Easterling  
(15) PRESENT POSTOFFICE OF MOTHER Wt Pleasant S C  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22  
(Years)  
(18) BIRTHPLACE So La  
(19) OCCUPATION Domestic  
(20) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE  
(22) I hereby certify that I attended the birth of this child, who was Alive at 11 P.M. on the date above stated.  
(23) (Signature) Jas. Thompson  
(24) State whether Physician or Midwife Midwife  
(25) Address of Physician or Midwife Wt Pleasant S.C.

Given name added from a supplemental report  
(26) Witness Thelma E. Easterling  
(27) Filed Sept 23 1923 (28) Thelma E. Easterling Local 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.