

PLACE OF BIRTH

County of Clay  
 Township of Clay  
 or  
 No. Town of .....  
 or  
 City of .....

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

File No. — For State Registrar Only  
**19581**

Registration District No. 3586 Registered No. 83  
 (For use of Local Registrar)

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

Full Name of Child Anna Loria Holland (If child is not yet named, make supplemental report as directed)

1. SEX Female (2) Twin or Triplet? No (3) Number in order of birth 1 (4) Are Parents Married? Yes (5) DATE OF BIRTH June 3, 1922  
 (To be answered only in case of Twins or Triplets) (Name (Month) Day Year)

FATHER.  
 1. FULL NAME George Holland  
 2. PRESENT POSTOFFICE IF FATHER Summerville  
 3. COLOR negro (1) AGE AT LAST BIRTHDAY 53  
 4. RACE American  
 5. BIRTHPLACE Summerville  
 6. OCCUPATION Farming

MOTHER.  
 1. NAME BEFORE MARRIAGE Rosa McClinton  
 2. PRESENT POSTOFFICE OF MOTHER Summerville  
 3. COLOR negro (1) AGE AT LAST BIRTHDAY 34  
 4. RACE American  
 5. BIRTHPLACE Summerville  
 6. OCCUPATION House Keeping

(10) Number of children born to mother, including present birth 7 (21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) Lula Grace McClinton (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given names and sex of child as reported

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

(27) Filed July 1, 1922 (28) A. S. Martin Local Registrar.

NOTE: When the mother is a householder, etc., should make this return. No report is desired of stillbirths.

NOTE: When the mother is a householder, etc., should make this return. No report is desired of stillbirths.

MARGIN RETURNED TO LOCAL BUREAU  
 WHEN PLAINLY  
 WITH ONE SIGNATURE  
 THIS IS A JOINT STATE RECORD  
 IN CASE OF TWINNING  
 THIS CHILD MUST BE  
 REPORTED BY A  
 MEDICAL PERSON  
 IN THE FIRST MONTH OF  
 THE CHILD'S LIFE