

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

File No. For State Registrar Only  
71121

(1) PLACE OF BIRTH  
 County of Richland  
 Township of A. 9  
 or  
 Inc. Town of ..... Registration District No. 309 Registered No. 30  
 (For use of Local Registrar)  
 or  
 City 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 Lelia Mae Hollman { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL girl (4) Twin or triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? Yes (7) DATE OF BIRTH May 10 1916  
To be answered only in event of Twins or triplets (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME Arthur Hollman  
 (9) PRESENT POSTOFFICE OF FATHER Salley - 51c  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 42 (Years)  
 (12) BIRTHPLACE SC  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth { 6 }

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Lizzie Williams  
 (15) PRESENT POSTOFFICE OF MOTHER Salley - 51c  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 30 (Years)  
 (18) BIRTHPLACE SC  
 (19) OCCUPATION Farmer  
 (21) Number of children of this mother now living, including present birth { 6 }

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***  
 (22) I hereby certify that I attended the birth of this child, who was born at 4:30 a.m. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)  
 (23) (Signature) Lelia Hollman  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Salley - 51c

Given name added from a supplemental report ..... 191.....  
 Registrar  
 (26) Witness D. C. Jones (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Sept 16 1917 (28) D. C. Jones 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.

LARGE RESERVE FOR BIRTH RECORDS  
 WAITER 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 with FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in instructions.  
 Law of Columbia