

WRITE PLAINLY. WITH EXPANDING LEE—THIS IS A PERMANENT INK. IN A. 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 8.

# CERTIFICATE OF BIRTH

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

34724

County of Hampden  
Township of Augusta Bridge  
or  
Inc. Town of Barren  
or  
City of Ac

Registration District No. 421... Registered No. 123...  
(For use of Local Registrar)

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... Otis Holman

If child is not yet named, make  
supplemental report as directed

(2) <b>BOY OR GIRL</b> <i>Boy</i>	(4) <b>Title or Position</b> To be answered only in event of Title or Position	(5) <b>Number in order of birth</b>	(6) <b>Age Current Month</b> <i>76</i>	(7) <b>DATE OF BIRTH</b> <i>Nov 11 1923</i> (Month of birth) (Day) (Year)
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FATHER.

(1) FULL NAME *Willie Halyard*

(2) FOREST POST OFFICE OF FATHER *Govan Se*

(3) COLOR OR RACE *col*

(11) AGE AT LAST BIRTHDAY *28*  
(Years)

(12) BIRTHPLACE *Se*

(13) OCCUPATION *former*

(14) Number of children born to mother, including present birth *2*

MOTHER.

(14) NAME BEFORE MARRIAGE *Pauline M. Mendenhall*

(15) PRESENT NAME OF MOTHER *Govan S.*

(16) COLOR *col* (17) AGE AT LAST BIRTHDAY *20*

(18) BIRTHPLACE *Sc*

(19) OCCUPATION *farm work*

(20) Number of children of this mother *1*

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

(20) I hereby certify that I attended the birth of this child, who was born alive on the date above stated. at 12 P.M.

(28) (Signature) Lizzie Washington  
(34) State whether Physician or Minister (35) Address of Washington, D.C.

Given name added from a supplement-  
tal report

(20) Witness .....  
(Signature of Witness necessary only  
when question 11 is signed by mark)

(37) FILED DEC 3 1962 (124) 14/2000

\*When there was no attending physician or midwife, then the father, householder, etc., should report.  
If a child breathes even once, it must not be reported as stillborn. No report is desired or required before the fifth month of pregnancy.