

(1) PLACE OF BIRTH

County of Barnwell
 Municipality of Barnwell
 or
 Inc. Town of Barnwell
 or
 City of

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

No. 12946

Registration District No. 501 Registered No. 22
 (For use of Local Registrar)

City of (No. St. Word)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Minnie Ellen Holman (If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD Girl (4) Type of Infant To be cared for in case of Twin or Triple (5) Number in order of birth 1 (6) Age at Birth Yes (7) DATE OF BIRTH May 9, 23

FATHER		MOTHER	
(8) FULL NAME <u>Harry Holman</u>	(14) NAME BEFORE MARRIAGE <u>Hattie Holman</u>	(9) PRESENT RESIDENCE OF FATHER <u>Barnwell S.C.</u>	(15) PRESENT RESIDENCE OF MOTHER <u>Barnwell S.C.</u>
(10) COLOR OR RACE <u>negro</u>	(16) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>30</u>	(17) AGE AT LAST BIRTHDAY <u>25</u>
(12) BIRTHPLACE <u>Barnwell S.C.</u>	(18) BIRTHPLACE <u>Barnwell S.C.</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Farmer</u>
(20) Number of children born to mother, including present birth <u>4</u>	(21) Number of children of this mother now living, including present birth <u>4</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 9 P. M., on the date above stated. (Born alive or stillborn) (Hour P. M. or P. M.)

(23) (Signature) Ellen Holman (24) State South Carolina Physician or Midwife (25) Address of Physician or Midwife Barnwell S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) N. + Kirkland
 (27) Filed May 19, 23 (28) N. + Kirkland 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.