

## (1) PLACE OF BIRTH

County of Barnwell  
 Township of Red Oak  
 or  
 Inc. Town of Swallow  
 or  
 City of Swallow

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

13753

Registration District No. 509 Registered No. 27  
 (For use of Local Registrar)

City of Swallow (No. 509 St. 27 Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Egbert Holly (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 20th 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Egbert Holly  
 (9) PRESENT POSTOFFICE OF FATHER Barnwell  
 (10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 35 (Years)  
 (12) BIRTHPLACE Barnwell Co.  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 5

## MOTHER.

(14) NAME BEFORE MARRIAGE Miss Hankerson  
 (15) PRESENT POSTOFFICE OF MOTHER Barnwell  
 (16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 28 (Years)  
 (18) BIRTHPLACE Barnwell Co.  
 (19) OCCUPATION Farmer  
 (21) Number of children of this mother now living, including present birth 5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Barnwell at 2 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Rebecca W. W. W.  
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed

June 1, 1922

(28)

Mrs. Parker

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.