

(1) PLACE OF BIRTH

County of Anderson

Township of Honey Path

or

Inc. Town of

or

City of Anderson (No. 1 St.; 1 Ward)

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

Registration District No. 301 Registered No. 144

(For use of Local Registrar)

(2) Full Name of Child Rector Holland

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

(3) BOY OR GIRL Girl

(4) Twin or Triplet? No

(5) Number in order of birth 1

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Nov 12 1916

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Brown Holland

(9) PRESENT POSTOFFICE OF FATHER Belton SC R 5

(10) COLOR OR RACE White

(11) AGE AT LAST BIRTHDAY 27

(Years)

(12) BIRTHPLACE SC

(13) OCCUPATION Farming

(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Jannie Ashley

(15) PRESENT POSTOFFICE OF MOTHER Belton SC

(16) COLOR OR RACE White

(17) AGE AT LAST BIRTHDAY 27

(Years)

(18) BIRTHPLACE SC

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Aline at 12:20 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Emma Z Sims

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife Belton SC R 5

Given name added from a supplemental report 2-3-47

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

(27) Filed Nov 13 1916 (28) L. A. Williams 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.

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