

(1) PLACE OF BIRTH

County of SumterTownship of Privateer

Inc. Town of

City of

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

(2) Full Name of Child Pearl Dentell Holladay

| | | | | |
|---------------------------------|--|------------------------------|---------------------------------------|---|
| (3) Sex of Child <u>Girl</u> | (4) Twin or Triplet To be answered only in event of Twin or Triplet | (5) Number in order of birth | (6) Are Parents Married <u>Yes</u> | (7) Date of Birth <u>Nov 10 1923</u> (Name of Month) (Day) (Year) |
|---------------------------------|--|------------------------------|---------------------------------------|---|

FATHER.

(8) FULL NAME Willie Holladay

(9) PRESENT POSTOFFICE OF FATHER Quindal SC 20

(10) COLOR OR RACE Brown (11) AGE AT LAST BIRTHDAY 28 (Year)

(12) BIRTHPLACE Sumter County

(13) OCCUPATION Farmer

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

MOTHER.

(14) NAME BEFORE MARRIAGE Marie James

(15) PRESENT POSTOFFICE OF MOTHER Quindal SC

(16) COLOR OR RACE Brown (17) AGE AT LAST BIRTHDAY 24 (Year)

(18) BIRTHPLACE Sumter County

(19) OCCUPATION House Wife

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was ... Alive ... at 2:00 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) James L. Proctor

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Quindal SC

Given name added from a supplemental report

(26) Witness James L. Proctor
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Nov 20 1923 (28) James L. Proctor 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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