

THE NEW YORK PUBLIC LIBRARY

County of Orangeburg
Township of Jefferson
or
Inc. Town of
or
City of

STATE OF SOUTH CAROLINA
BUREAU OF VITAL REGISTRATION
State Board of Health

36017

Registration District 3

Registered No. _____
(For use of Local Registrar)

(2) Full Name of Child Lucile Hotman

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

① BOY OR GIRL *Girl* ② Train or Triplet? ③ Number in order of birth

To be answered only in case of Train or Triplet

100

DATE OF BIRTH Oct. 9, 22
(Name of Month) (Day) (Year)

FATHER
(3) FULL NAME James Holman

PRESENT POSTOFFICE OF FATHER *Core SECRET*

(10) COLOR OR RACE *Colored* (11) AGE AT LAST BIRTHDAY *32* (Years)

(12) BIRTHPLACE *Grand Rapids, MI*

(13) OCCUPATION *Business*

...EYE

174 NAME REPORTED **NOTED**
Ida Greenbaum

(7) PRESENT PORTFOLIO OF EVIDENCE Cope SEARCHED

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 22 (Yr)

179. ENTHUSIA
Cruciferae

(10) Occupation _____

Number of children of this mother

PHYSICIAN OR MIDWIFE: *[Signature]* 39

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(25) (Signature)

11-100-17

(25) Address of Physician or Lawyer

Given name added from a newspaper
in 1950

[REDACTED]

(Signature of witness necessary only
when question 23 is signed by man)

Oct 19 22

(25) Local Registrar

*When there was no child born, the father, householder, etc., should make this return. It is reported as stillborn. No report is desired of stillbirths in the sixth month of pregnancy.

QUESTIONS, No. 1; THIS OTHER, No. 2, etc., in question 5.

SECTION OF COLUMBIA, CALIFORNIA, U. S.