

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McGAW OF COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Orangeburg
Township of
or
Inc. Town of
or
City of Orangeburg
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

23360

Registration District No. 26

Registered No. 115
(For use of Local Registrar)

(2) Full Name of Child

Isabel Holland (No. Clarendon St.; Ward)
(If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL? Girl

(4) Twin or Triplet? —
To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH June 19, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Isa J. Holland

(9) PRESENT POSTOFFICE OF FATHER Orangeburg S.C.

(10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 29 (Years)

(12) BIRTHPLACE North Carolina

(13) OCCUPATION Car Carpenter

(20) Number of children born to mother, including present birth 2 no

MOTHER.

(14) NAME BEFORE MARRIAGE Minnie Eva Huff

(15) PRESENT POSTOFFICE OF MOTHER Orangeburg S.C.

(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 32 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION House wife

(21) Number of children of this mother new living, including present birth Two

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 A. M. or P. M.)

(23) (Signature) H. Moore
(24) State whether Physician or Midwife MD (25) Address of Physician or Midwife Orangeburg S.C.

Given name added from a supplemental report
.....
..... 19
..... Registrar

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

(27) Filed 8-17 19 22 (28) 2078 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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