

Form No. 1

(1) PLACE OF BIRTH

County of Barnwell
 Township of Long Creek
 or
 Inc. Town of Char
 or
 City of SC

CERTIFICATE OF BIRTH

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

No. 303

Registration District No. 307 Registered No. 31
 (For use of Local Registrar)

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

(2) Full Name of Child James Shannon Holly, Jr. 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) Sex Male 7) DATE OF BIRTH 1/16/23
 To be answered only in case of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

8) FULL NAME Shanton Holly

9) PRESENT POSTOFFICE OF FATHER Char SC

10) COLOR OR RACE white 11) AGE AT LAST BIRTHDAY 33
 (Year)

12) BIRTHPLACE Barnwell Co SC

13) OCCUPATION Farming

20) Number of children born to mother, including present birth 3

MOTHER.

14) NAME BEFORE MARRIAGE Lissie Dykes

15) PRESENT POSTOFFICE OF MOTHER Char SC

16) COLOR OR RACE white 17) AGE AT LAST BIRTHDAY 21
 (Year)

18) BIRTHPLACE Barnwell Co SC

19) OCCUPATION House wife

21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

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

(23) (Signature) La Harzelle (24) State whether Physician or Midwife (25) Address of Physician or Midwife Char SC

Given name added from a supplemental report

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

(27) Filed 1/19/23 (28) James Sanders Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make the report. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillborns before the fifth month of pregnancy.

MAKING UNNECESSARY FOR BINDING. WHITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD. IN CASE OF TWIN OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.