

Form No. 1

(1) PLACE OF BIRTH

County of SumterTownship of Rafting Creekor
Inc. Town ofor
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 Margaret Holman

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 Sept 17 19 22
(Name) (Month) (Day) (Year)

FATHER.
(8) FULL NAME Charlie Holman
(9) PRESENT POSTOFFICE OF FATHER Hogood SC
(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 41 (Years)
(12) BIRTHPLACE Sumter Co
(13) OCCUPATION farmer
(20) Number of children born to mother, including present birth 1/2

MOTHER.
(14) NAME BEFORE MARRIAGE Nester Murphy
(15) PRESENT POSTOFFICE OF MOTHER Hogood SC
(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 30 (Years)
(18) BIRTHPLACE Sumter Co
(19) OCCUPATION housewife
(21) Number of children of this mother now living, including present birth 1/2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was blond at 4 P. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Emmalene James

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness W. C. H. H. H.

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

(27) Filed Sept 19 19 22 (28) W. C. H. H. H. 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.

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.
BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of HealthFile No.—For State Registrar Only
32470Registration District No. Registered No.
(For use of Local Registrar)

(No. St.; Ward)