

Form No. 1.

(1) PLACE OF BIRTH

County of *Edgefield*
Township of *Mass*
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

45088

Registration District No. *1567* Registered No. *1*
(For use of Local Registrar)

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

(2) Full Name of Child. *Arthur Holoway* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? *Boy*

(4) Twin or Triplet?

(5) Number in order of birth

3

(6) Are Parents Married? *Yes*

(7) DATE OF BIRTH *Jan 15 1906*
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Sam Holoway

(9) PRESENT POSTOFFICE OF FATHER

Cleara S.C.

(10) COLOR OR RACE

negro

(11) AGE AT LAST BIRTHDAY *26*
(Years)

(12) BIRTHPLACE

Edgefield Co S.C.

(13) OCCUPATION

Drumming

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

3

MOTHER.

(14) NAME BEFORE MARRIAGE

Phyllis Davis

(15) PRESENT POSTOFFICE OF MOTHER

Cleara S.C.

(16) COLOR OR RACE

negro

(17) AGE AT LAST BIRTHDAY *25*
(Years)

(18) BIRTHPLACE

Edgefield Co S.C.

(19) OCCUPATION

Housewife

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

3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature)

Charity Holoway

(24) State whether Physician or midwife

Midwife

(25) Address of Physician or Midwife

Cleara S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed *Jan 22 1906*

(28) *L.P. Brinson* 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 INDEXING.

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.

McCauley, of Columbia