

(1) PLACE OF BIRTH

County of Greenville
 Township of Durbin
 or
 Inc. Town of.....
 or
 City of..... (No. St.; Ward)

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

File No. — For State Registrar Only

18781

Registration District No. 2006 Registered No. 79
 (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 Lavelle Holloway If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? boy (4) Twin or Triplet? To be answered only in event of Twins or Triplets (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH June 11, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Ellist Holloway
 (9) PRESENT POSTOFFICE OF FATHER Pelzer, S.C. R.H.
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 38
 (Years)
 (12) BIRTHPLACE S.C.

(13) OCCUPATION

Harmer.(20) Number of children born to mother, including present birth 14

MOTHER.

(14) NAME BEFORE MARRIAGE Leona Seaborn
 (15) PRESENT POSTOFFICE OF MOTHER Pelzer, S.C.
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 36
 (Years)
 (18) BIRTHPLACE S.C.

(19) OCCUPATION

at home(21) Number of children of this mother now living, including present birth 9

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 3:00 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) I. T. Stoddard(24) State whether Physician or Midwife (25) Address of Physician or Midwife Pelzer 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 June 1922 (28) W. A. B. R. 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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