

(1) PLACE OF BIRTH

County of Dillon Township of Dillon

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

3947

Registration District No. 1603 Registered No. 16

(For use of Local Registrar)

(No. 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

 Wilbur Holloway If child is not yet named, make supplemental report as directed

3) SEX OF CHILD <u> Male </u>	4) Twin or Triplet? To be answered only in event of Twins or Triplets	5) Number in order of birth	6) Are Parents Married? <u> Yes </u>	7) DATE OF BIRTH <u> Jan 25, 1922 </u> (Month) (Day) (Year)
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FATHER.

8) FULL NAME Thomas Hesterway 9) PRESENT POSTOFFICE OF FATHER Lake View S.C. 10) COLOR OR RACE Colored 11) AGE AT LAST BIRTHDAY 27
(Years)12) BIRTHPLACE Dillon County 13) OCCUPATION Farming 20) Number of children born to mother, including present birth Three

MOTHER.

14) NAME BEFORE MARRIAGE Emma Fisher 15) PRESENT POSTOFFICE OF MOTHER Lake View S.C. 16) COLOR OR RACE Colored 17) AGE AT LAST BIRTHDAY 17
(Years)18) BIRTHPLACE Dillon County 19) OCCUPATION Housework 21) Number of children of this mother now 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 7:30 A.M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Alice Fisher (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Lake View S.C.

Given name added from a supplemental report

(26) Witness R. H. Hays

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

(27) Filed 2-17-22 (28) R. H. Hays 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.