

(1) PLACE OF BIRTH

County of WinthropTownship of SpringInc. Town of SpringCity of Spring

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

2) Full Name of Child Margaret Holloman

File No.—For State Registrar Only

50592

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

Registration District No. 4106Registered No. 7

(For use of Local Registrar)

(3) BOY OR GIRL? Girl(4) Twin or Triplet? No(5) Number in order of birth 12

(To be answered only in event of twins or triplets)

(6) Are Parents Married? Yes(7) DATE OF BIRTH Feb 3

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Willie Holloman(9) PRESENT POSTOFFICE OF FATHER Haywood, N.C.(10) COLOR OR RACE Negro(11) AGE AT LAST BIRTHDAY 40

(Years)

(12) BIRTHPLACE Sumter Co. S.C.(13) OCCUPATION Field Labourer(14) Number of children born to mother, including present birth 12

MOTHER.

(14) NAME BEFORE MARRIAGE Elain Holloman(15) PRESENT POSTOFFICE OF MOTHER Haywood, S.C.(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 35

(Years)

(18) BIRTHPLACE Sumter Co. S.C.(19) OCCUPATION Housewife(20) 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 born at Haywood, N.C. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Caroline J. James(24) State whether Physician or Midwife (25) Address of Physician or Midwife Haywood S.C.

Given name added from a supplemental report

191...

Registrar

(26) Witness

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

(27) Filed

191...

(28)

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.

Fifth month of pregnancy.

(Copy from original in parents)

FORM NO. 10. NEVER RE-USE THESE FORMS. WHEN RE-USE IS A REQUIREMENT, THE RE-USE IS A REQUIREMENT. WHEN RE-USE IS A REQUIREMENT, THE RE-USE IS A REQUIREMENT. WHEN RE-USE IS A REQUIREMENT, THE RE-USE IS A REQUIREMENT.