

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

County of *Spartanburg*  
Township of *Freeborn*  
or  
Inc. Town of *Vista Hill*  
or  
City of .....

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

File No. — For State Registrar Only

91777

Registration District No. *4000* Registered No. *161*

(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 .....

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

(1) ~~BOY OR GIRL?~~ (4) Twin or Triplet?  (5) Number in order of birth *1st* (6) Are Parents Married?  (7) DATE OF BIRTH *Dec. 10* 19*16*  
to be answered only in event of twins or triplets (Name of Month) (Day) (Year)

FATHER  
(8) FULL NAME *Herbert R. Holland*

MOTHER  
(14) NAME BEFORE MARRIAGE *Beatrice Moomer*

(9) PRESENT POSTOFFICE OF FATHER *Victor mill green SC*

(15) PRESENT POSTOFFICE OF MOTHER *Green SC*

(10) COLOR OR RACE *white* (11) AGE AT LAST BIRTHDAY *21* (Years)

(16) COLOR OR RACE *white* (17) AGE AT LAST BIRTHDAY *20* (Years)

(12) BIRTHPLACE *W.C.*

(18) BIRTHPLACE *S.C.*

(13) OCCUPATION *Mill work*

(19) OCCUPATION *Domestic*

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

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* on the date above stated. (Hour *11:10* A. M. or P. M.)

(23) (Signature) *M.D. Poverman*

(24) State whether Physician or Midwife (25) Address of Physician or Midwife *Green SC*

Given name added from a supplemental report

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

(27) Filed *110* 191*7* (28) *J. Meacham* 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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MARGIN RESERVED FOR INDEXING  
THIS IS A PERMANENT RECORD  
DO NOT WRITE IN THIS SPACE  
THIS SPACE IS RESERVED FOR INDEXING  
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