

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA,

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

91777

Registered No. 161

(For use of Local Registrar)

(2) Full Name of Child

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

(1) BOY GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
		12	Yes	Dec. 10
FATHER			MOTHER	
(8) FULL NAME			(14) NAME BEFORE MARRIAGE	
Herbert R. Holland			Beatrice Mooney	
(9) PRESENT POSTOFFICE OF FATHER			(15) PRESENT POSTOFFICE OF MOTHER	
Victor mill Green SC			Green SC	
(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY	(16) COLOR OR RACE	(17) AGE AT LAST BIRTHDAY	
white	21	white	20	
(12) BIRTHPLACE		(18) BIRTHPLACE		
NC		SC		
(13) OCCUPATION		(19) OCCUPATION		
Mill work		Domestic		
(20) Number of children born to mother, including present birth		(21) Number of children of this mother now living, including present birth		
One		One		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn on the date above stated.

(23) (Signature) M. D. Overman

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

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 110

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.

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 BINDER

PAGE NO. 1

Y A F I L M