PLACE OF BIRTH

County of Marlboro

Township of

or Town of Bennettsville

or City of

CERTIFICATE OF BIRTH

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

Registration District No. 33A

File No.—For State Registrar Only 9814

Registered No. 84
(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.)

(1) Full Name of Child Edith Carolyn Hollis — If child is not yet named, make supplemental report as directed

(2) SEX OF CHILD: Girl | (3) Twin or Triplet? To be answered only in event of Twins or Triplets | (4) Number in order of birth | (5) Are Parents Married? yes | (6) DATE OF BIRTH Sept 16 1923 (Month) (Day) (Year)

FATHER.

(7) FULL NAME Harry H. Hollis

(8) PRESENT POSTOFFICE OF FATHER Bennettsville

(9) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24 (Years)

(12) BIRTHPLACE Goffney S.C.

(13) OCCUPATION Fertilizer Dealer

(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Carrie B. Breeden

(15) PRESENT POSTOFFICE OF MOTHER Bennettsville

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE Bennettsville S.C.

(19) OCCUPATION House wife

(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 12 noon (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Ward May D

(24) State whether Physician or Midwife M.D.

(25) Address of Physician or Midwife Bennettsville S.C.

Given name added from a supplemental report

..... 19 .....
Registrar

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

(27) Filed Oct 12 1923 (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.

Local Registrar.

Registrar

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