

(1) PLACE OF BIRTH

County of Anderson

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

40770

Township of

OR

Inc. Town of Piedmont

OR

City of

Registration District No. 3 BRegistered No. 94
(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

Marguerite Holcomb

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

(3) BOY OR GIRL?

Girl

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of Twins or Triplets

(6) Are Parents Married?

Yes

(7) DATE OF

BIRTH. Dec 25 22

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Worley Holcomb

(9) PRESENT POSTOFFICE OF FATHER

Piedmont

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

36

(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Drayman

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

1 7

MOTHER.

(14) NAME BEFORE MARRIAGE

Hettie Jones

(15) PRESENT POSTOFFICE OF MOTHER

Piedmont

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

37

(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Domestic

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

1 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 7 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Jan. 2 1923

(28)

D. L. Fellersing

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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