

(1) PLACE OF BIRTH

County of Pike

Township of

or
Inc. Town ofCity of Pike (No. St.; Ward)
(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

71064

Registration District No. 22 Registered No. 184
(For use of Local Registrar)(2) Full Name of Child. Sara Hollway { If 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 (6) Are Parents Married? Yes (7) DATE OF BIRTH Aug. 24 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Marshall Hollway(9) PRESENT POSTOFFICE OF FATHER Pike, S. C.(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 25 (Years)(12) BIRTHPLACE Pike S. C.(13) OCCUPATION Day Laborer(14) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Flora Benjamin(15) PRESENT POSTOFFICE OF MOTHER Pike, S. C.(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 24 (Years)(18) BIRTHPLACE Pike, S. C.(19) OCCUPATION Laundress(20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born at 11 a.m.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) Margaret Green (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

....., 191.....

..... Registrar

(26) Witness O. B. Hutson
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Aug. 31 1916 (28) O. B. Hutson 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.

MARGIN RESERVED FOR BINDING. THIS IS A PERMANENT RECORD. PRINTED BY THE STATE OF SOUTH CAROLINA. IN CASE OF TWINS OR TRIPLETS USE SEPARATE BLANKS FOR EACH CHILD, AND MARK THE FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 5.