

Form No. 1

## (1) PLACE OF BIRTH

County of Ashe  
 Township of Hammonton  
 or  
 Inc. Town of .....  
 or  
 City of Bird Island

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

12605

Registration District No. 20.5 Registered No. 8  
 (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 Omar Hollowman (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL Boy (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age Parents Married 10 (7) DATE OF BIRTH May 28, 1923  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Refuse L. Lee  
 (9) PRESENT POSTOFFICE OF FATHER .....  
 (10) COLOR OR RACE Caucas (11) AGE AT LAST BIRTHDAY ..... (Years)  
 (12) BIRTHPLACE SC  
 (13) OCCUPATION .....

## MOTHER.

(14) NAME BEFORE MARRIAGE Elberta Hollowman  
 (15) PRESENT POSTOFFICE OF MOTHER Augusta Ga R 3  
 (16) COLOR OR RACE Caucas (17) AGE AT LAST BIRTHDAY 14 (Years)  
 (18) BIRTHPLACE SC  
 (19) OCCUPATION School Girl  
 (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 ..... at ..... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Glean S. Stewart  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Augusta Ga. 3

(Given name added from a supplemental report)

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

(27) Filed May 30, 1923 (28) J. M. Aston  
 Registrar 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.

1. In case of twins or triplets use a separate entry for each child, and in question 3 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 3.

MADE IN COLUMBIA, COLUMBIA, S. C.