

Form No. 1

(1) PLACE OF BIRTH

County of Ashe
 Township of Hammond
 or
 Inc. Town of
 or
 City of Beaufort

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. 205 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 Omer Hollowman (If child is not yet named, make supplemental report as directed)

(3) BOY OR GIRL <u>Male</u>	(4) Type or Triplet To be answered only in case of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>May 28 1923</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Reggie G. Hill

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE Caucas (11) AGE AT LAST BIRTHDAY (Year)(12) BIRTHPLACE SC

(13) OCCUPATION

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

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 (Year) 14(18) BIRTHPLACE SC(19) OCCUPATION School Yr(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 12 M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Glean 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. Doherty
 (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.