

FORM NO. 3
MARGIN RESERVED FOR BINDING.
WHILE EXACTLY WITH UNFADING INK—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS or TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of *Spartanburg*
Township of *11*

or
Inc. Town of *11*
or
City of *Spartanburg*

(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
57517

Registration District No. *40 a*

Registered No. *131*
(For use of Local Registrar)

(2) Full Name of Child *Alphie Irene Holland*

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

(3) ~~BOY~~ OR
GIRL?

(4) Twin
or Triplet?

(5) Number in
order of birth

To be answered only in case of twins or triplets

(6) Are
Parents
Married? *YR*

(7) DATE OF
BIRTH

4 12 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL
NAME

Virgil Holland

(9) PRESENT
POSTOFFICE
OF FATHER

Spartanburg S.C.

(10) COLOR
OR
RACE

W

(11) AGE AT LAST
BIRTHDAY

37
(Years)

(12) BIRTHPLACE

Spartanburg Co

(13) OCCUPATION

Drum work

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

7

MOTHER.

(14) NAME BEFORE
MARRIAGE

Bessie Crow

(15) PRESENT
POSTOFFICE
OF MOTHER

Spartanburg S.C.

(16) COLOR
OR
RACE

white

(17) AGE AT LAST
BIRTHDAY

29
(Years)

(18) BIRTHPLACE

Spartanburg Co

(19) OCCUPATION

Domestic

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

7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was *alive* at *6* *A. M.*
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) *W. B. Lancaster*

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Spartanburg S.C.

Given name added from a supplemen-
tal report

(26) Witness

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

(27) Filed

May 1, 1916

(28)

Jas. Capen

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.

Registrar

Local Registrar

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