Form No. 1.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only 33852

(1) PLACE OF BIRTH

County of Clarendon

Township of ✓

or

Inc. Town of ✓

or

City of ..... (No. ..... St.; ..... Ward)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registration District No. 1312 Registered No. 44 (For use of Local Registrar)

(2) Full Name of Child Roberta Holladay 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 ✓ | (6) Are Parents Married? yes | (7) DATE OF BIRTH Sep 1st 1922 (Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.		MOTHER.	
(8) FULL NAME	Benjamin Holladay	(14) NAME BEFORE MARRIAGE	Olivia Amanda Rush
(9) PRESENT POSTOFFICE OF FATHER	Bugdon SC	(15) PRESENT POSTOFFICE OF MOTHER	Bugdon SC
(10) COLOR OR RACE	White	(16) COLOR OR RACE	White
(11) AGE AT LAST BIRTHDAY (Years)	32	(17) AGE AT LAST BIRTHDAY (Years)	24
(12) BIRTHPLACE	S.C.	(18) BIRTHPLACE	SC
(13) OCCUPATION	Farmer	(19) OCCUPATION	Wife
(20) Number of children born to mother, including present birth	3	(21) 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 Alive (Born alive or stillborn) at 9:30 A.M. (Hour A.M. or P.M.) on the date above stated.

(23) (Signature) Nora McGee

(24) ~~State whether~~ Physician or Midwife | (25) Address of Physician or Midwife

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed 10/1 1922 (28) [signature]
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.