

MARGIN RESERVED FOR BINDING.
WHITE PLAINLY, 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.
MEDICAL DEPARTMENT, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Greenville
Township of "
OR
Inc. Town of "
OR
City of Monaghan
(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

30533

Registration District No. 22093 Registered No. 320
(For use of Local Registrar)

(2) Full Name of Child

James L. Holcomb (No. 25 Hayworth St. Ward)
(If yet named, make supplemental report as directed)

(3) SEX Male (4) Twin or Triplet No (5) Number in order of birth 1 (6) Are Parents Married Yes (7) DATE OF BIRTH Sept. 7, 1922
(Name of Month) (Day) (Year)

FATHER
(8) FULL NAME Katlyn Holcomb

(9) PRESENT POSTOFFICE OF FATHER Greenville

(10) COLOR OR RACE N. (11) AGE AT LAST BIRTHDAY 8 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Exile

(20) Number of children born to mother, including present birth 4

MOTHER
(14) NAME BEFORE MARRIAGE Onie Cain

(15) PRESENT POSTOFFICE OF MOTHER Greenville

(16) COLOR OR RACE N. (17) AGE AT LAST BIRTHDAY 26 (Years)

(18) BIRTHPLACE N.C.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Onie 2308 R
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. J. W. Wenter
(24) State whether Physician or Midwife M.D. (25) Address of Physician or Midwife Greenville

Given name added from a supplementary report

(26) Witness 3
(Signature of Witness necessary only when question 23 is signed by mark)

(27) Sept. 7, 1922 (28) W. H. Wenter (29) 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.