

(1) PLACE OF BIRTH

County of Orangeburg
 Township of Holly Hill
 or
 Inc. Town of Holly Hill
 or
 City of Holly Hill

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

31666

Registration District No. 3609 Registered No. 119
 (For use of Local Registrar)

City of Holly Hill (No. 119 St. 119 Ward 119)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Mackie Welfare

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) Are Parents Married? Yes (7) DATE OF BIRTH Sept 7 27
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER

(8) FULL NAME Mackie Welfare(9) PRESENT POSTOFFICE OF FATHER Holly Hill S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 42 (Year)(12) BIRTHPLACE S.C.(13) OCCUPATION Farm Hand(14) Number of children born to mother, including present birth 5

MOTHER

(15) NAME BEFORE MARRIAGE Anna Bryant(16) PRESENT POSTOFFICE OF MOTHER Holly Hill S.C.(17) COLOR OR RACE Negro (18) AGE AT LAST BIRTHDAY 27 (Year)(19) BIRTHPLACE S.C.(20) OCCUPATION Domestic(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 3 P. M.
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Louise S. Stott(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Holly Hill S.C.

Given name added from a supplement
 report

(26) Witness H. M. Hecce
 (Signature of Witness necessary only
 when question 22 is signed by mark)(27) Filed Sept. 11, 27 (28) H. M. Hecce 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.