

## 1. PLACE OF BIRTH

County of Anderson  
 Township of II  
 or II  
 Inc. Town of II  
 or II  
 City of II

# Standard Certificate of Birth

## STATE OF SOUTH CAROLINA

Bureau of Vital Statistics  
 State Board of Health

FILE No.—For State Registrar Only  
**32940**

Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_  
 (For use of Local Registrar)  
 (No. Anderson County Hospital Ward)  
 (If birth occurs in a hospital or other institution, give name of same instead of street and number)

## FULL NAME OF CHILD

**Marjorie Anne Holtzendorff**

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

3. Boy or Girl Girl If Plural birth II 4. Twin, triplet, or other II 6. Premature Yes 7. Are Parents Married? Yes 8. Date of birth March 24, 1922  
 5. Number, in order of birth II Full term II (Month, day, year)

9. Full name **FATHER**  
**Preston Brooks Holtzendorff, Jr.**

18. Full name **MOTHER**  
**Anne Linda Linton**

10. Residence (usual place of abode) Clemson, S. C.  
 (If non-resident, give place and State)

19. Residence (usual place of abode) Clemson, S. C.  
 (If non-resident, give place and State)

11. Color or race White 12. Age at last birthday 27 (years)

20. Color or race White 21. Age at last birthday 24 (years)

13. Birthplace (city or place) Atlanta, Ga.  
 (State or country)

22. Birthplace (city or place) Greensboro, Ga.  
 (State or country)

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Secretary of

23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. Housewife

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. YMCA.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. Own home

16. Date (month and year) last engaged in this work Present

25. Date (month and year) last engaged in this work Present

17. Total time (years) spent in this work 6 yrs.

26. Total time (years) spent in this work 3 yrs.

27. Number of children of this mother 2 (a) Born alive and now living 2 (b) Born alive but now dead 0 (c) Stillborn 0

28. If stillborn, period of gestation months 29. Cause of stillbirth Before labor  
weeks During labor

Specify any physical deformities of child at birth.

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at II on the date above stated.  
 (Born live or stillborn)

When there was no attending physician or midwife, then the father, householder, etc. should make this return.

(Signed) J. Sam Gray M.D.

or Phyllis Midwife

Given name added from supplemental report

Address Anderson, S. C.

(Date of)

Filed 19

Registrar.

Registrar.

MARGIN RESERVED FOR BINDING.  
WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. H.—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 .....  
Township of .....  
or  
Inc. Town of .....  
or  
City of Anderson County Hospital  
(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  
**32946**

Registration District No. 3A Registered No. 382  
(For use of Local Registrar)

(2) Full Name of Child

John William Holtzendorf  
At child is not yet named, make supplemental report as directed

FATHER.		MOTHER.	
(8) FULL NAME	<u>Frederic Brooke Holtzendorf Jr.</u>	(14) NAME BEFORE MARRIAGE	<u>Mrs. H. E. H. H.</u>
(9) PRESENT POSTOFFICE OF FATHER	<u>Greenville College</u>	(15) PRESENT POSTOFFICE OF MOTHER	<u>Greenville College</u>
(10) COLOR OR RACE	<u>white</u>	(16) COLOR OR RACE	<u>white</u>
(11) AGE AT LAST BIRTHDAY	<u>27</u> (Years)	(17) AGE AT LAST BIRTHDAY	<u>27</u> (Years)
(12) BIRTHPLACE	<u>Crested Springs Ga.</u>	(18) BIRTHPLACE	<u>Greenville Ga.</u>
(13) OCCUPATION	<u>Gen. Supt. of M. &amp; C. A.</u>	(19) OCCUPATION	<u>Housewife</u>
(20) Number of children born to mother, including present birth	<u>1</u>	(21) Number of children of this mother now living, including present birth	<u>1</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born at 7 P.M. on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]  
(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife Anderson S.C.

Given name added from a supplemental report .....  
(26) Witness (Signature of Witness necessary only when question 23 is signed by mother) T. B. CRAYTON  
(27) Filed ..... 19 .. (28) ANDERSON 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.

fifth month of pregnancy.  
before the fifth month of pregnancy.