

PLACE OF BIRTH

County of Orangeburg

Township of

or

Inc. Town of North (By)

or

City of

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 3604

File No.—For State Registrar Only

16196aRegistered No.
(For use of Local Registrar)

St.; Ward)

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

Name of Child Walbur Lee Holman

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

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF

BIRTH 5-14-22
(Name of Month) (Day) (Year)

To be answered only in event of Twins or Triplets

FATHER.

Meroy HolmanNorth, S.C.(11) AGE AT LAST BIRTHDAY 29
(Years)Orangeburg Co., S.C.Farming

OCCUPATION

MOTHER.

(14) NAME BEFORE MARRIAGE

Eulabee Jeffcoat

(15) PRESENT POSTOFFICE OF MOTHER

North, S.C.

(16) COLOR OR RACE

Colored(17) AGE AT LAST BIRTHDAY 19
(Years)

(18) BIRTHPLACE

Orangeburg Co., S.C.

(19) OCCUPATION

Farming

children born to including present birth

One

children of this mother including present birth

One

CERTIFICATE OF ATTENDING

I hereby certify that I attended the birth of this child on the date above stated.

(23) (Signature)

(24) State whether

PHYSICIAN OR MIDWIFE*

as Aline at 7 P.M.,
(Born alive or stillborn) (Hour A. M. or P. M.)Midwife

(25) Address of Physician or Midwife

Eulabee JeffcoatGiven Added from a supplemental report

(26) Witness

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

(27) Filed

22 F.A. Wolfe

Local Registrar

*When there was no attending physician or midwife, the mother, father, householder, etc., should make this return. If a child breathes even once, it must not be reported as a stillbirth. No report is desired of stillbirths before the fifth month of pregnancy.

FIRS

MCCAW OF COLUMBIA, COLUMB.

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