

U. S. Dept. of Commerce  
Bureau of the Census

16 092888

1. PLACE OF BIRTH

Standard Certificate of Birth

FILE No.—For State Registrar Only

County of AIKEN Co.

STATE OF SOUTH CAROLINA

00061

Township of AIKEN

Bureau of Vital Statistics  
State Board of Health

or  
Inc. Town of S.C.

Registration District No. 200

Registered No. \_\_\_\_\_  
(For use of Local Registrar)

or  
City of Aiken, S.C.

(No. \_\_\_\_\_) St.; \_\_\_\_\_ Ward

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

2. FULL NAME OF CHILD

Reva Holston

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

3. Sex or Girl GIRL If Plural births \_\_\_\_\_ 4. Twins, triplets or other \_\_\_\_\_ 6. Premature \_\_\_\_\_ 7. Are Parents Married? Yes 8. Date of birth April 25 19 16  
(Month, day, year)

9. Full name ROBERT HOLSTON FATHER

18. Name before marriage IDA LEE COLEMAN MOTHER

10. Residence (mailing address) AIKEN SC  
(If non-resident, give place and State)

19. Residence (mailing address) AIKEN SC  
(If non-resident, give place and State)

11. Color or race NEGRO 12. Age at child's birth 21 (years)

20. Color or race NEGRO 21. Age at child's birth 17 (years)

13. Birthplace (city or place) EDGEFIELD Co S.C.  
(State or country)

22. Birthplace (city or place) AIKEN Co S.C.  
(State or country)

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

OCCUPATION 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. FARM HOUSEWIFE H.A.N.D.

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

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

16. Date (month and year) last engaged in this work June 1934

25. Date (month and year) last engaged in this work NOV. 14 1942

17. Total time (years) spent in this work 19 yrs 26. Total time (years) spent in this work 20 yrs

27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living \_\_\_\_\_ (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify to the birth of this child, who was born at \_\_\_\_\_ m. on the date above stated.

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

Given name added from a supplementary report \_\_\_\_\_ (Date of) \_\_\_\_\_

(Signed) Florie G. Dunbar, Parent

or \_\_\_\_\_, Guardian

Address \_\_\_\_\_

Filed May 31 19 44 L. A. Riser, M.D.

Registrar.

Registrar.

Ida Lee Holston Apt. 4, 1424 Atlantic Ave. P  
Brooklyn, N.Y.

5/17/44w 50¢ ack

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

(See instructions on Back of Certificate.)