

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.)

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

1. PLACE OF BIRTH

County of AIKEN Co.
Township of AIKEN
or
Inc. Town of S.C.
or
City of Aiken, S.C.

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 200

16 092888

FILE No.—For State Registrar Only

00061

Registered No. _____
(For use of Local Registrar)

2. FULL NAME OF CHILD

Reva Holston

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

3. ~~Boy~~ or Girl GIRL 4. Twins, triplets or other..... 5. Number, in order of birth..... 6. Premature..... Full term..... 7. Are Parents Married? Yes 8. Date of birth April 25 19 16
(Month, day, year)

9. Full name ROBERT HOLSTON FATHER18. Name before marriage IDA LEE COLEMAN MOTHER10. 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)14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. FARM HAND23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. FARM HOUSEWIFE HAND

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 193425. Date (month and year) last engaged in this work Nov. 14 194217. 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)

Registrar.

(Signed) Florie G. Dunbar, Parent
or mark, Guardian
Address.....
Filed May 31 19 44 L. A. Riser, M.D.
Registrar.

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