

(1) PLACE OF BIRTH

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

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

13600

Registration District No. 305 Registered No. 42
 (For use of Local Registrar)

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

(2) Full Name of Child Leroy Holland (If child is not yet named, make supplemental report as directed)

3. BOY OR GIRL GIRL (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH May 7, 1922
 (Name of Month) (Day) (Year)

FATHER.

8. FULL NAME L. Holland

9. PRESENT POSTOFFICE OF FATHER Ferrisville S.C.

10. COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 21 (Years)

12. BIRTHPLACE S.C.

13. OCCUPATION Farmer

20. Number of children born to mother, including present birth 1

MOTHER.

14. NAME BEFORE MARRIAGE Edy Gaskrell

15. PRESENT POSTOFFICE OF MOTHER Ferrisville S.C.

16. COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 18 (Years)

18. BIRTHPLACE S.C.

19. OCCUPATION Housewife

21. Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 8 M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) J. T. Gallant
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Ferrisville S.C.

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed May 9, 1922 (28) J. T. Gallant 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.