

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)

1. PLACE OF BIRTH County of <u>York</u> Township of <u>Kings Mountain</u> or Inc. Town of _____ or City of _____		Standard Certificate of Birth STATE OF SOUTH CAROLINA Bureau of Vital Statistics State Board of Health Registration District No. <u>4407</u>		[F] 22 050129 Only	
2. FULL NAME OF CHILD <u>Margaret Leticia Holt</u>		(No. _____ St. _____ Ward _____) (If birth occurs in a hospital or other institution, give name of same instead of street and number)		(If child is not yet named, make supplemental report as directed.)	
3. Boy or Girl <u>Girl</u>	4. Twin, triplet or other _____	5. Number, in order of birth, _____	6. Premature _____	7. Are Parents Married? <u>Yes</u>	8. Date of birth <u>Dec 20</u> , 19 <u>22</u> (Month, day, year)
9. Full name <u>Ernest E. Holt</u>	FATHER		18. Name before marriage <u>Leona Farmer</u>	MOTHER	
10. Residence (mailing address) (If non-resident, give place and State) <u>Gastonia, N.C.</u>	19. Residence (mailing address) (If non-resident, give place and State) <u>Gastonia, N.C.</u>				
11. Color or race <u>White</u>	12. Age at last birthday <u>25</u> (Years)	20. Color or race <u>White</u>	21. Age at last birthday <u>19</u> (Years)		
13. Birthplace (city or place) (State or country) <u>N.C.</u>	22. Birthplace (city or place) (State or country) <u>N.C.</u>				
OCCUPATION 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Lytle</u>		OCCUPATION 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>Winekeeper</u>			
15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Cotton Mills</u>		24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Looms</u>			
16. Date (month and year) last engaged in this work <u>Nov</u> , 19 <u>22</u>		17. Total time (years) spent in this work <u>6 yrs</u>		25. Date (month and year) last engaged in this work <u>Nov</u> , 19 <u>22</u>	
26. Total time (years) spent in this work <u>2 yrs</u>					
27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living <u>1</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>					
28. If stillborn, period of gestation _____ months _____ weeks		29. Cause of stillbirth _____			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>10:00</u> m. on the date above stated. (Born alive or stillborn)					
I certify that I instilled or had instilled in the eyes of this child at _____ M. on above date _____ (Name of Prophylactic)					
Cleft Palate _____ Hare Lip _____ Other Deformities _____ (Specify)					
(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) <u>M. B. Woodward</u> , M.D. or _____, Midwife. Address _____ Filed <u>6-2-</u> , 19 <u>41</u> <u>M. B. Woodward</u> Registrar <u>M. B.</u>					