

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. E.—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 | | Standard Certificate of Birth | | [F] Only | |
|---|--|--|--|---|---|
| County of <u>York</u> | | STATE OF SOUTH CAROLINA | | 22 050129 | |
| Township of <u>Kings Mountain</u> | | Bureau of Vital Statistics | | | |
| or Inc. Town of | | State Board of Health | | | |
| City of | | Registration District No. <u>4407</u> | | Registered No. (For use of Local Registrar) | |
| (If birth occurs in a hospital or other institution, give name of same instead of street and number) | | St.: | | Ward | |
| 2. FULL NAME OF CHILD <u>Margaret Leticia Holt (Holt)</u> | | (If child is not yet named, make supplemental report as directed.) | | | |
| 3. Boy or Girl <u>Girl</u> | If Plural births | 4. Twin, triplet or other | 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 (Holt)</u> | FATHER | | 18. Name before marriage <u>Leona Farmer</u> | | |
| 10. Residence (mailing address) <u>Gastonia, N.C.</u> | R.F.D. | | 19. Residence (mailing address) <u>Historic, 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) <u>NC</u> | (State or country) | | 22. Birthplace (city or place) <u>NC</u> (State or country) | | |
| OCCUPATION | | 14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Lytle</u> | | OCCUPATION | |
| 15. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Cotton Mills</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>5 yrs</u> | |
| 23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc. <u>Winekeeper</u> | | 24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Home</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 <u>months</u> 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>1:00</u> p.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 <u>1:00</u> p.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.) | | | (Signed) <u>M. B. Keenan</u> , M.D. | | |
| Given name added from a supplementary report..... (Date of) | | | Address..... | | |
| Registrar. | | | Filed <u>6-7-</u> , 19 <u>41</u> <u>M. B. Woodward</u> Registrar. | | |