

## (1) PLACE OF BIRTH

County of Greenville  
Township of Laurievilleor  
Inc. Town of .....

City of .....

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No. For State Registrar Only

64532

Registration District No. 2206 Registered No. 74

(For use of Local Registrar)

## (2) Full Name of Child

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

(3) BOY OR GIRL? Female (4) Twin or Triplet?  (5) Number in order of birth 4 (6) Are Parents Married? yes (7) DATE OF BIRTH June 21 1916  
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Robert Ruf Holland(9) PRESENT POSTOFFICE OF FATHER Ft Jm. S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 57 (Years)(12) BIRTHPLACE Greenville Co.(13) OCCUPATION Merchant(20) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Grace Pollard(15) PRESENT POSTOFFICE OF MOTHER Ft Jm. S.C.(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 28 (Years)(18) BIRTHPLACE Greenville Co.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 6 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) J. A. Thomson(24) State whether Physician or Midwife (25) Address of Physician or Midwife Physician Ft Jm. 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 July 10 1916 (28) J. B. Duckett 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.