

(1) PLACE OF BIRTH

County of Charleston S. C.

Township of

In Town of

City of Charleston

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
17845Registration District No. 9 A Registered No. 815

(For use of Local Registrar)

City of Charleston (No. St. Francis Infirmary St. Baltimore)2. Full Name of Child Wald Hollin If child is not yet named, make supplemental report as directed3. DATE OF BIRTH June 29 (Name of Month) (Day) (Year)

4. TWINS or Triplets?

(5) Number in order of birth one(6) Are Parents Married? yes

FATHER.

9. FULL NAME Mr Wald Hollin10. PRESENT ADDRESS Charleston S. C.11. AGE AT LAST BIRTHDAY 35 (Years)12. BIRTHPLACE Charleston S. C.13. OCCUPATION Drummer14. Number of children born to father including present birth one

MOTHER.

(14) NAME BEFORE MARRIAGE Miss A. L. Vena(15) PRESENT POSTOFFICE OF MOTHER Charleston(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 21 (Years)(18) BIRTHPLACE Ridgewood S. C.(19) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

22. I hereby certify that I attended the birth of this child, who was born at 2 P. M. on the date above stated. (Hour A. M. or P. M.)(23) (Signature) C. J. Green

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 7/4 (28) 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.

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