

(1) PLACE OF BIRTH

County of *Proctors*Township of *Carley*or
Inc. Town ofor
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
65919Registration District No. *3702* Registered No. *49*

(For use of Local Registrar)

City of

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

(2) Full Name of Child *Ernest Franklin Holcomb* If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL? <i>Boy</i>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <i>yes</i>	(7) DATE OF BIRTH <i>June 19, 1916</i> (Name of Month) (Day) (Year)
FATHER.			MOTHER.	
(8) FULL NAME <i>Henry C. Holcomb</i>			(14) NAME BEFORE MARRIAGE <i>Annice Massingill</i>	
(9) PRESENT POSTOFFICE OF FATHER <i>Carley R. 4</i>			(15) PRESENT POSTOFFICE OF MOTHER <i>Carley R. 4</i>	
(10) COLOR OR RACE <i>White</i>			(16) COLOR OR RACE <i>White</i>	
(11) AGE AT LAST BIRTHDAY <i>31</i> (Years)			(17) AGE AT LAST BIRTHDAY <i>30</i> (Years)	
(12) BIRTHPLACE <i>S.C.</i>			(18) BIRTHPLACE <i>S.C.</i>	
(13) OCCUPATION <i>Farmer</i>			(19) OCCUPATION <i>Domestic</i>	
(20) Number of children born to mother, including present birth <i>5</i>			(21) Number of children of this mother now living, including present birth <i>3</i>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *alive* at *10 P.* M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) *J. R. Bolt*

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

*Physician**Carley*

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed and marked)

(27) Filed *June 21, 1916* (28) *E. J. Wyatt* 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.

Registrar

Local Registrar

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WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THIS OFFICE, No. 2, etc., in question 2.

WRIT
N. B.—
McGraw-Hill
of Columbia