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# CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only: 79

(1) PLACE OF BIRTH

County of Aiken

Township of Gregg

Inc. Town or City of Graniteville S.C. (No. ..... St.; ..... Ward)

Registration District No. 704 Registered No. 9

By Court Order dtd. 8-13-31, Edward Eugene Holsenback or use Ward)

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

(2) Full Name of Child Samuel Holsenback. { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy | (4) Twin or Triplet? 2 | (5) Number in order of birth (To be answered only in event of Twins or Triplets) | (6) Are Parents Married? Yes | (7) DATE OF BIRTH Jan. 27 1923 (Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Abe Holsenback

(9) PRESENT POSTOFFICE OF FATHER Dead

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)

(12) BIRTHPLACE Aiken Co.

(13) OCCUPATION Mechanic

(20) Number of children born to mother, including present birth { 2

**MOTHER.**

(14) NAME BEFORE MARRIAGE Virla Clark.

(15) PRESENT POSTOFFICE OF MOTHER Graniteville S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 34 (Years)

(18) BIRTHPLACE Aiken Co.

(19) OCCUPATION Housewife

(21) Number of children of this mother now living, including present birth { 2

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE***

(22) I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 3:45 a.m. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Henrietta Bird

(24) State whether Physician or Midwife: Midwife

(25) Address of Physician or Midwife: Graniteville S.C.

Given name added from a supplemental report: Filed Aug 20, 1931. By Court Order #16,019 Registrar

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

(27) Filed Feb 16 1923 (28) M. H. Turnbull B.S. M.D. 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.

FORM NO. 7.

MARGIN RESERVED FOR BINDING.

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, THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.

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