

(1) PLACE OF BIRTH

County of OrangeburgTownship of Holly Hillor Inc. Town of Holly HillCity of Holly Hill

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

2196

Registration District No. 3609Registered No. 14

(For use of Local Registrar)

St. Ward

(2) Full Name of Child

C. J. Ann Hart

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

(1) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>1</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>June 22 1922</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME Samuel Sam Hart(9) PRESENT POSTOFFICE OF FATHER Holly Hill S.C.(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 45 (Years)(12) BIRTHPLACE S.C.(13) OCCUPATION Farm Hand(14) NAME BEFORE MARRIAGE Ann Young(15) PRESENT POSTOFFICE OF MOTHER Holly Hill S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 33 (Years)(18) BIRTHPLACE S.C.(19) OCCUPATION Farm Hand(20) Number of children born to mother, including present birth 1(21) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at Holly Hill on the date above stated. (Hour A. M. or P. M.) 12(23) (Signature) Virginia L. Long(24) State whether Physician or Midwife (25) Address of Physician or Midwife Holly Hill S.C.

Given name added from a supplemental report

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(26) Witness M. Heese

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

(27) Filed Feb 8, 1927 (28) M. Heese 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.