

(1) PLACE OF BIRTH

County of

Richland Co

Township of

or

Inc. Town of

or

City of

Columbia SC

(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

5062

Registration District No. *392*Registered No. *159*

(For use of Local Registrar)

St. *Four* Ward

(2) Full Name of Child

Fulus Holman

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet

one

(5) Number in order of birth

one

(6) Are Parents Married

yes

(7) DATE OF BIRTH

*Feb 26**1923*

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

Fulus Holman

(9) PRESENT POSTOFFICE OF FATHER

921 Harden St

(10) COLOR OR RACE

bl

(11) AGE AT LAST BIRTHDAY

40

(Years)

(12) BIRTHPLACE

North Hill SC

(13) OCCUPATION

preacher

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

one

MOTHER.

(14) NAME BEFORE MARRIAGE

Bessie Maudslar

(15) PRESENT POSTOFFICE OF MOTHER

921 Harden St

(16) COLOR OR RACE

bl

(17) AGE AT LAST BIRTHDAY

25

(Years)

(18) BIRTHPLACE

North Hill SC

(19) OCCUPATION

house keep

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

Two

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born alive* at *11:30* M., on the date above stated. (Born alive or stillborn: Hour A. M. or P. M.)

(23) (Signature)

Maggie Fries

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

1417 W. 4th St

(Given name added from a supplemental report)

(26) Witness

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

19 Registrar

(27) Filed *Mar 26 1923*

(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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FIRST-BORN. No. 1. THE OTHER. No. 2, etc. In question 1

Bureau of Columbia, Columbia, S. C.