

(1) PLACE OF BIRTH

County of Ridgeland Co

Township of

OR
Inc. Town of

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

5060

Registration District No. 392 Registered No. 159

(For use of Local Registrar)

(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
To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.
(8) FULL NAME Fulus Holman

(9) PRESENT POSTOFFICE OF FATHER 921 Harder St

(10) COLOR OR RACE bl (11) AGE AT LAST BIRTHDAY 40 (Year)

(12) BIRTHPLACE Hard Hill SC

(13) OCCUPATION preacher

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

MOTHER.
(14) NAME BEFORE MARRIAGE Bessie Madular

(15) PRESENT POSTOFFICE OF MOTHER 921 Harder St

(16) COLOR OR RACE bl (17) AGE AT LAST BIRTHDAY 25 (Year)

(18) BIRTHPLACE Hard 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

(Given name added from a supplemental report)

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Mar 26 1923 (28) C. J. ... 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.

*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.

FIRST-BORN. No. 1. THE OTHER. No. 2, etc. In question 1. Bureau of Columbia, Columbia, S. C.