

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.

(1) PLACE OF BIRTH  
County of Spartanburg  
Township of Campobello  
or  
Inc. Town of.....  
or  
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 Aunnie Grace Holcombe  
If child is not yet named, make supplemental report as directed

CERTIFICATE OF BIRTH  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
20119

Registration District No. 40-C Registered No. 106  
(For use of Local Registrar)

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Jan 27 1922  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Boyce Holcombe  
(9) PRESENT POSTOFFICE OF FATHER Immawau SC R2  
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 24 (Years)  
(12) BIRTHPLACE Spartanburg SC  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth 4

MOTHER.  
(14) NAME BEFORE MARRIAGE Grace Miller  
(15) PRESENT POSTOFFICE OF MOTHER Immawau SC R2  
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 23 (Years)  
(18) BIRTHPLACE Spartanburg SC  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.  
(22) I hereby certify that I attended the birth of this child, who was born alive at 7 P. M., on the date above stated. (Hour A. M. or P. M.)  
(23) (Signature) G. Miller  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Immawau SC

Given name added from a supplemental report  
.....  
..... 19..... Registrar  
(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed July 1 1922 (28) Chapman 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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