

## (1) PLACE OF BIRTH

County of Anderson  
Township of HarrisInc. Town of.....  
or

City of.....

CERTIFICATE OF BIRTH  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of HealthRegistration District No. 318No. 260  
For State Registrar OnlyRegistered No. 2  
(For use of Local Registrar)(2) Full Name of Child Matty Lee Hollis  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(3) SEX OF CHILD girl (4) Type of Infant To be answered only in case of Twin or Triplet (5) Number in order of birth yes (6) DATE OF BIRTH Jan. 30, 1923  
(7) If child is not yet named, make supplemental report as directed(8) FULL NAME OF FATHER Charlie Hollis(9) PRESENT POST OFFICE OF FATHER Piedmont St. #1(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 24(12) BIRTHPLACE Ga(13) OCCUPATION Road Building(14) Number of children born to mother, including present birth 4(14) NAME BEFORE MARRIAGE Birtie Hollis(15) PRESENT POST OFFICE OF MOTHER Piedmont St. #1(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 22(18) BIRTHPLACE Ark(19) OCCUPATION cook(20) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born alive or stillborn at 7:2 M., on the date above stated. (Sign A. M. or P. M.)(22) (Signature) Alice Campbell(23) State whether Physician or Midwife (24) Address of Physician or Midwife Piedmont St. #1

Given name added from a supplemental report

(25) Witness midwife

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

(27) Filed 2/10/23 (28) H. F. Casey 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.