

MARGIN RESERVED FOR BINDING.  
 WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
 N. B.—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 8.

**(1) PLACE OF BIRTH**  
 County of Horry  
 Township of Corry  
 or  
 Inc. Town of .....  
 or  
 City of ..... (No. .... St.; ..... Ward)  
 (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  
77524

Registration District No. 2502 Registered No. 135  
 (For use of Local Registrar)

**(2) Full Name of Child** Perry Holland If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? ..... (5) Number in order of birth ..... (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 5, 1916  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

**FATHER.**  
 (8) FULL NAME O. P. Holland  
 (9) PRESENT POSTOFFICE OF FATHER Allen Sc  
 (10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 21 (Years)  
 (12) BIRTHPLACE Horry Co  
 (13) OCCUPATION Laborer  
 (20) Number of children born to mother, including present birth 1

**MOTHER.**  
 (14) NAME BEFORE MARRIAGE Ellen Booth  
 (15) PRESENT POSTOFFICE OF MOTHER Allen Sc  
 (16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 21 (Years)  
 (18) BIRTHPLACE Horry Co  
 (19) OCCUPATION Housewife  
 (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 ..... Allen at 11 A.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Perry Holland  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Allen 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 Sept 14, 1916 (28) J. D. Dyer 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.