

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 6.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Edgewise</u>		STATE OF SOUTH CAROLINA		34239	
Township of <u>Blacksburg</u>		Bureau of Vital Statistics		State Board of Health	
Inc. Town of		Registration District No. <u>1507</u>		Registered No. <u>910</u>	
City of		(No. St. Ward)		(For use of Local Registrar)	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(2) Full Name of Child <u>W. H. Holloway Jr.</u>		If child is not yet named, make supplemental report as directed	
(3) BOY OR GIRL <u>boy</u>	(4) Twin or Triplet	(5) Number in order of birth	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>May 25, 1922</u>	
To be answered only in case of Twins or Triplets				(Name of Month) (Day) (Year)	
FATHER			MOTHER		
(8) FULL NAME <u>Dock Holloway</u>			(14) NAME BEFORE MARRIAGE <u>Barbel Braden</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Charleston S.C.</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Charleston S.C.</u>		
(10) COLOR OR RACE			(16) COLOR OR RACE <u>white</u>		
(11) AGE AT LAST BIRTHDAY <u>37</u>			(17) AGE AT LAST BIRTHDAY <u>35</u>		
(12) BIRTHPLACE <u>Edgewise Co. S.C.</u>			(18) BIRTHPLACE <u>Edgewise Co. S.C.</u>		
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>House Wife</u>		
(20) Number of children born to mother, including present birth <u>3</u>			(21) Number of children of this mother now living, including present birth <u>3</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>at 9 A.M.</u> on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Midwife Julia Braden</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Physician or Midwife <u>Charleston S.C.</u>					
Given name added from a supplemental report			(26) Witness		
.....			(Signature of Witness necessary only when question 23 is signed by mark)		
..... 15 Registrar			(27) Filed <u>Nov 15 1922</u>		
			(28) <u>W. H. Braden</u> Local Registrar		
When there was no attending physician or midwife, 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.					

DEPARTMENT OF COMMERCE, BUREAU OF VITAL STATISTICS, U. S. C.