

MARGIN FOR EDITING  
THIS IS A PERMANENT RECORD.  
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 Sevier  
Township of .....  
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.)

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

File No.—For State Registrar Only  
**23059**

Registration District No. 3109 Registered No. 42  
(For use of Local Registrar)

(2) Full Name of Child Amey Franklin Holt 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 March 27, 1922  
(Name of Month) (Day) (Year)

**FATHER.**

(8) FULL NAME Charlie F. Haltiwanger  
(9) PRESENT POSTOFFICE OF FATHER Lexington, SC Rte 5  
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 57  
(Years)  
(12) BIRTHPLACE Lex Co  
(13) OCCUPATION Farming  
(14) Number of children born to mother, including present birth 12

**MOTHER.**

(14) NAME BEFORE MARRIAGE Sallie Fick  
(15) PRESENT POSTOFFICE OF MOTHER Lexington, SC  
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 43  
(Years)  
(18) BIRTHPLACE Lex Co  
(19) OCCUPATION Domestic  
(20) Number of children of this mother now living, including present birth 9

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born alive at 4 A. M., on the date above stated. (Hour A. M. or P. M.)

(23) (Signature) J. N. Mathias

(24) State whether Physician or Midwife Physician

(25) Address of Physician or Midwife Lexington, SC

Given name taken from a supplemental report

L. A. Piseri M.D.

9/21/43 15  
Registrar

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

(27) Filed Aug 10, 1922 (28) Mrs. C. E. Taylor  
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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