

Form No. 1

## (1) PLACE OF BIRTH

County of

Township of

Inc. Town of

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

Registration District No. 1201

No. 12.—For State Registrar Only

28202

Registered No. ....  
(For use of Local Registrar)

## (2) Full Name of Child

Rose Annie Holley

If child is not yet named, make supplemental report as directed

1) BOY OR GIRL

Girl

2) Twin or Triplets

To be answered only in case of Twin or Triplets

3) Number in order of birth

4) Sex of Mother

Male

5) DATE OF BIRTH

Sept. 12, 29

## FATHER.

6) FULL NAME

William Holley

7) PRESENT POSTOFFICE OF FATHER

Blackstock

8) COLOR OR RACE

Black

9) AGE AT LAST BIRTHDAY

23

10) BIRTHPLACE

Blackstock

11) OCCUPATION

Farming

12) Number of children born to mother, including present birth

One (1)

## MOTHER.

13) NAME BEFORE MARRIAGE

Jimmie McKin

14) PRESENT POSTOFFICE OF MOTHER

Blackstock

15) COLOR OR RACE

Black

16) AGE AT LAST BIRTHDAY

28

17) BIRTHPLACE

Blackstock

18) OCCUPATION

Domestic

19) Number of children of this mother now living, including present birth

One (1)

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(23) I hereby certify that I attended the birth of this child, who was ....  
on the date above stated.

Born alive or stillborn (Mark A. M. or P. M.)

(24) (Signature)

(25) Since whether Physician or Midwife

(26) Address of Physician or Midwife

(27) Given name added from a supplemental report

(28) Witness

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

(29) Date

Sept. 12, 29

(30) Local Registrar

W. Q. V.

\*When there was no attending physician or midwife, then the father, householder, etc. should make this report. If a child is born, even when it was not, be reported as stillborn. No report is desired of stillbirths before the sixth month of pregnancy.