

## (1) PLACE OF BIRTH

County of SumterTownship of Refting Creekor  
Inc. Town of .....or  
City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. for State Registrar

22726

Registration District No. 4106 Registered No. 53  
(For use of Local Registrar)

(If birth occurs in a hospital or institution, give name of same instead of street and number.)

(2) Full Name of Child James Holloman (If child is not yet named, make supplemental report as directed)(3) SEX OR GENDER Boy (4) Twin or Triplet No (5) Number in order of birth 3 (6) Are Parents Married yes (7) DATE OF BIRTH July 3-23  
(Date of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Robert Holloman</u>	(14) NAME BEFORE MARRIAGE <u>Bess Feaster</u>	(16) PRESENT POSTOFFICE OF FATHER <u>Rumbert Sc</u>	(18) PRESENT POSTOFFICE OF MOTHER <u>Rumbert Sc</u>
(10) COLOR OR RACE <u>negro</u>	(11) AGE AT LAST BIRTHDAY <u>24</u> (Year)	(12) COLOR OR RACE <u>negro</u>	(17) AGE AT LAST BIRTHDAY <u>20</u> (Year)
(13) BIRTHPLACE <u>Sumter Co</u>	(15) BIRTHPLACE <u>Sumter Co</u>	(19) OCCUPATION <u>House Wife</u>	(21) Number of children of this mother now living, including present birth <u>3</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Rumbert Sc</u>	(13) OCCUPATION <u>Farmer Laborer</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alma at 74 M.  
(Born alive or stillborn) (How A. M. or P. M.)

(23) on the date above stated.

(24) (Signature) Mary Clayton (25) Address of Physician or Midwife Refusita(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) W. C. Haller(27) Filed July 6-23 (28) W. C. Haller 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.