

(1) PLACE OF BIRTH

County of CollierTownship of Centeror
Inc. Town ofor
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

46966

Registration District No. 3500 Registered No. 235

(For use of Local Registrar)

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

(1) 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>Jan 15</u> 19 <u>26</u> (Name of Month) (Day) (Year)
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FATHER.

(3) FULL NAME John Holland(8) PRESENT POSTOFFICE OF FATHER Townsville(9) COLOR OR RACE W. G. R. (10) AGE AT LAST BIRTHDAY 39 (Years)(11) BIRTHPLACE Collier Co. S.C.(12) OCCUPATION Farmer(13) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Ella Wright(15) PRESENT POSTOFFICE OF MOTHER Townsville S.C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 25 (Years)(18) BIRTHPLACE S. C.(19) OCCUPATION Housewife(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was born at 10 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) L. A. Henderson

(23) State whether Physician or Midwife. (24) Address of Physician or Midwife

Physician Townsville S.C.

Given name added from a supplemental report

(25) Witness (Signature of Witness necessary only when question 21 is signed by mark)

(26) Filed Jan 15 1926 (27) W. H. Cole 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.

WHEN FILLING IN, WRITE SINGULARS IN FULL. THIS IS A PERMANENT RECORD.
 M. R.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THIS CERTIFICATE, No. 2, etc., in question 2.