CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
9772

(1) PLACE OF BIRTH
County of Charleston
Township of .....
or
Inc. Town of ..... Registration District No. 9A Registered No. 417
or (For use of Local Registrar)
City of Charleston (No. 23 Ashley St.; ..... Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child — Hollings
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
To be answered only in event of Twins or Triplets
(6) Are Parents Married? yes
(7) DATE OF BIRTH April, 16, 1915 (Name of Month) (Day) (Year)

FATHER.	MOTHER.
(8) FULL NAME Warren H. Hollings	(14) NAME BEFORE MARRIAGE Inez Anderson
(9) PRESENT POSTOFFICE OF FATHER 237 Ashley	(15) PRESENT POSTOFFICE OF MOTHER 237 Ashley
(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 33 (Years)	(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 30 (Years)
(12) BIRTHPLACE Charleston	(18) BIRTHPLACE Georgetown S.C
(13) OCCUPATION Carpenter	(19) OCCUPATION Housewife
(20) Number of children born to mother, including present birth 5	(21) Number of children of this mother now living, including present birth 5th

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 11.30 A. M. (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) J. M. Thompson

(24) State whether Physician or Midwife: Physician
(25) Address of Physician or Midwife: 53 Radcliffe

Given name added from a supplemental report
....., 191....
..... Registrar

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

(27) Filed 4/23 191.. (28) R. Monroe Grace 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.

Registrar I. T. Thorpe Local Registrar

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WHITE PLANNER, INC., WITH UNFADING INK—WILL NOT 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. THIS OTHER, No. 2, etc., in question 5.
N. B. McCaw, of Columbia.