(1) PLACE OF BIRTH

County of Charleston S.C.

Township of .....

or

Inc. Town of .....

or

City of Charleston S.C. (No. 13 Price Ally St.; ..... Ward)

(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
345.9

Registration District No. 9A Registered No. 1178
(For use of Local Reistrar)

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

(3) ~~BOY OR~~ GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH Oct (Name of Month) 16th (Day) 1915 (Year)
		To be answered only in event of Twins or Triplets	Yes	

FATHER.		MOTHER.	
(8) FULL NAME	Robert Holderson	(14) NAME BEFORE MARRIAGE	Julia Nesbit
(9) PRESENT POSTOFFICE OF FATHER	Charleston S.C.	(15) PRESENT POSTOFFICE OF MOTHER	Charleston S.C.
(10) COLOR OR RACE	Dead	(16) COLOR OR RACE	Colored
(11) AGE AT LAST BIRTHDAY (Years)	33	(17) AGE AT LAST BIRTHDAY (Years)	34
(12) BIRTHPLACE	Charleston S.C.	(18) BIRTHPLACE	Charleston S.C.
(13) OCCUPATION	For a Carrington Thomas & Co.	(19) OCCUPATION	Domestic Work.
(20) Number of children born to mother, including present birth	6	(21) Number of children of this mother now living, including present birth	(6)

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 12.30 P.M., on the date above stated. (Born alive ~~or stillborn~~) (Hour A. M. or P. M.)

(23) (Signature) [illegible]

(24) State whether Physician or Midwife | (25) Address of Physician or Midwife 8 Montague Court

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 10/17 1915 (28) [illegible] 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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