



## 2023 Nomination Form

Application deadline: Friday, February 24 by 5 p.m.

DELIVER TO: City Hall, 101 N. Main St., Winston-Salem,  
Marketing & Communications Department, Suite 336

OR MAIL TO: City of Winston-Salem,  
Marketing & Communications  
Department  
P.O. Box 2511  
Winston-Salem, NC 27102

Nominee's Stage Name: The Barefoot Story - Given Name: Shirley Hairston Holloway

Address at Time of Death: 818 Woodcote St. Winston-Salem State: N.C.

Dates of Residency: 1979 to: 5-20-18 (ex: 2000-2010)

Category:  Music  Visual Arts  Dance  Motion Pictures

Theater  Television  Writing  Radio

### Criteria:

- The nominee(s) exhibited sustained excellence in his or her field for at least five years.
- The nominee(s) made distinguished contributions to the community and civic-oriented participation.
- The nominee(s) is deceased (must provide copy of death certificate or obituary).
- The nominee(s) was a resident of Winston-Salem for at least five years.
- The nominee(s) made a significant contribution to the arts or entertainment industry in one or more of the following areas: music, dance, theater, writing, visual arts, motion pictures, television, or radio.

A "significant" contribution would be iconic in terms of renown and the impact on the artistic disciplines or popular culture.

### Application to Include:

- Attach nominee's performance/accomplishment biography which must include at least 5 years of accomplishments in the arts, culture, or entertainment field.
- Attach a list of nominee's civic/community involvement.
- Attach a copy of nominee's death certificate or obituary.

Sponsor Name: Clarence A. Hairston

Address: 4900 SW 40th Ct Apt 503

City: Ocala State: FL Zip Code: 34474

Email: Candg208@ymail.com

Phone: Home: \_\_\_\_\_ Cell: 336-391-6772

Signature: Clarence A. Hairston Date: 2-7-23



## Tarheel Association of Storytellers

*Founder and current Director, Shirley Holloway, weaves a magical tale of excitement. She is nationally known for her creative and dramatic storytelling techniques.*



*Shirley Holloway of the Tarheel Association of Storytellers thrilled her audiences with tales and lore.*

# Arts Council



"Evenings in the Neighborhood" is funded in part by the Kate B. Reynolds Poor and Needy Trust Fund and the Z. Smith Reynolds Foundation.

*Information, contact Urban Arts  
722-0966 / 722-5293*

SHIRLEY HAIRSTON HOLLOWAY

818 Woodcote Street  
Winston-Salem, North Carolina 27107  
(919) 788-8948  
(919) 788-8631

EDUCATION AND TRAINING

Appalachian State University  
Winston-Salem State University  
University of North Carolina/Greensboro  
North Carolina Central University

East Tennessee State University  
Forsyth Technical Institute  
Pam's School of Storytelling, Paris  
NC Department of Cultural Resources

ACCOMPLISHMENTS AND WORKSHOPS

Founder & Executive Director of Tarheel Association of Storytellers (TAS),  
Became an Associate Member of the Arts Council, Winston-Salem, 1986;  
Hosting Annual Storytelling Festivals since 1982.  
Proclaimed the Official Storyteller of Winston-Salem by Mayor Wayne Corpening; 1985  
Recipient of the Distinguished Citizens Award, 1984; Sophisticated Gents, W-S  
Black Awareness Seminar  
Family Life Festival  
Workshop - NC Department of Public Education (Storytelling in the Classroom)  
Primary Reading Workshops - Winston-Salem/Forsyth County School System  
Winston-Salem/Forsyth County School System Storyhour  
Black History Workshop - Winston-Salem State University  
Storytelling at Central Park - New York City  
Storytelling in the Park - Winston-Salem Recreation Department; Three consecutive years  
Black Storytelling Festival - Baltimore, Maryland  
Storytelling Techniques Workshop - Headstart, Inc.  
The Use of Children's Literature in Storytelling - Child Development, Inc.  
Creative Dramatics Workshops  
Storytelling - Nature Science Center, Winston-Salem, NC  
- Winston-Salem Recreation Department  
- Senior Citizens Services, Winston-Salem, NC  
- Handicapped, Physically Impaired Festivals & Conventions  
- Sautonh Center of Visual Design, Winston-Salem, NC  
- Festivals in North & South Carolina & Virginia

EMPLOYMENT

1973 to 1984 - Children's Librarian  
Forsyth County Public Library System  
1960 to 1973 - Kindergarden Teacher  
First Baptist Church Child Development Center,  
Winston-Salem, NC

ORGANIZATIONS AND AFFILIATIONS

North Carolina Arts  
Neal Light Productions  
NC Black Repertorie Company  
NC/FC National Kindergarden Association  
NCLA Children's Services  
Charter Member - Women in Arts, Winston-Salem, NC  
National Association for the Perpetuation and Preservation of Storytelling (NAPPS)

Tarheel Association of Storytellers, Inc.  
Diabetes Association of Forsyth County  
Southern Arts Federation  
Black Family Survival Task Force  
Flonnie Anderson Theatrical Association

PERSONAL

Born - May 11, 1936  
Married to William Holloway  
Mother of two Sons, Clarence & Curtis Hairston

## SHIRLEY HAIRSTON HOLLOWAY

Shirley Holloway, a dynamic and motivating personality, efficacious in story-telling and puppetry, organized the Tarheel Association of Storytellers (TAS), in October of 1982. On October 28, 1982, she met with seven other persons at the Main Branch of the Forsyth County Public Library to discuss the need to make some type of contribution to the art of storytelling in North Carolina. At this meeting, it was decided that the new organization would be called the Tarheel Association of Storytellers, of which Ms. Holloway is the Founder and Executive Director.

Storytelling is a way of keeping alive the cultural heritage of a people. It is akin to the folk dance and the folk song in preserving the traditions of a country for the foreign-born child and of building appreciation of another culture for the native-born child. Shirley Holloway believes in this principle and for the past ten years, she has stepped out on her own, doing what she likes best, telling stories, creating stories and most important, putting herself into the stories she tells. She stresses the importance of putting oneself into a story, assuming the mannerisms of characters. In 1960, Ms. Holloway began telling stories as a kindergarden teacher and continued to build her repertoire, combining tradition with modern techniques. Her interest in storytelling as an art form peaked after taking a continuing education course on the subject. She later received training in the subject from Appalachian State University, North Carolina Central University, East Tennessee State University, University of North Carolina/Greensboro, Winston-Salem State University and the National Association for the Perpetuation and Preservation of Storytelling.

"Children need to know of other nationalities and races so that, inheriting an adult world, they find a free and joyous interchange of acceptance and respect among all peoples . . . There is need for awareness that each group of people has its own special traditions and customs. There is need that respectful recognition be given these special traditions and customs. There is need for acceptance of these differences. There is tragic need for loving communion between children and children, children and adults, adults and adults - between group and group." This is basically Ms. Holloway's philosophy; she does not limit herself to just a particular culture or heritage, but she addresses as many cultures, heritages, nationalities, and people as is humanly possible. Her talents are not limited to just storytelling and puppetry, but it is expanded to flannel boards, poster boards, creative dramatics, workshops, seminars, festivals and program coordination. She is skilled in the areas of personal contact, public relations and planning innovative programs. Her repertoire consists of over 500 stories.

Tom Dillon of the Rural Hall Independent says of Shirley, "For in Shirley Holloway's head are hundreds of stories, each one different from the others and able to be changed with a different hand or eye motion." Vestal Taylor, journalist for the Jefferson Times states, "Shirley Holloway is not only an engaging personality, she is also one heck of a storyteller." Ms. Holloway's work has been noted in such periodicals as the Library Journal, New York School of Storytellers Newsletter, Southern Arts Federation, Southern Foundation Journal, National Storytelling Journal, North Carolina Library Association Newsletter, North Carolina Newspapers, National Association for the Perpetuation and Preservation of Storytelling Newsletter and others.

Ms. Holloway has performed at such functions as the Black Storytelling Festival in Baltimore, Maryland and Philadelphia, Pa., Central Park Storytelling, New York City; Family Life Festivals, Black Awareness Seminars, Primary Reading Workshops, Storyhours in the School System, Black History Workshop - Winston-Salem State University, Storytelling Techniques - Headstart, Inc., Creative Dramatics Workshops all in the Winston-Salem Area; Her appearances include the Black Arts Festival, Southern Pines, NC; the Honey Bee Festival, Kernersville, NC; Storytelling in the Park, High Point and Winston-Salem; Stories with Donald Davis, Charlotte, NC; Workshops throughout North Carolina, South Carolina and Virginia, local radio and television stations and others to numerous to include.

During her tenure as Founder/Executive Director of the Tarheel Association of Storytellers, many accomplishments have been achieved, the most noted being the successful presentation of Annual Storytelling Festivals. Workshops have been conducted in various storytelling techniques and nationally known artist have participated in these festivals, such as Laura Sims, Augusta Baker, David Holt, Diane Folkstein, Mary Carter, Linda Goss and others. In 1985, the renowned artist Ella Jenkins was presented in concert at the Reynolds Auditorium. TAS has been accepted as an Associate Member of the Arts Council of Winston-Salem, acquiring Tax Exempt Status in 1985. A book of stories has been published by this organization and two of Ms. Holloway's original stories are included in that publication.

During the 1984 Annual Storytelling Festival, Shirley Holloway was Proclaimed the Official Storyteller for the City of Winston-Salem, North Carolina by its Mayor, the Honorable Mayor Wayne Corpening.

Ms. Holloway also belongs to numerous organizations such as North Carolina Arts, North Carolina Library Association/Children Services, Southern Arts Federation, Neal Light Productions, Florrie Anderson Theatrical Association, Board of Directors - North Carolina Cultural Arts Coalition, Charter Member of the Women in Arts Association of Winston-Salem, North Carolina and many others.

Ms. Holloway is married to Mr. William Holloway and is the proud mother of two sons, Clarence and Curtis Hairston.

SHIRLEY HAIRSTON HOLLOWAY  
818 WOODCOTE STREET  
WINSTON-SALEM, N. C. 27107

FOR RELEASE

SHIRLEY H. HOLLOWAY, a dynamic and motivating personality efficacious in storytelling and puppetry, organized the TARHEEL ASSOCIATION OF STORYTELLERS, (TAS) in October of 1981. She felt there was a need for an organization of this type to contribute to the art form of STORYTELLING in NORTH CAROLINA. This organization has conducted four successful annual Festivals under her direction.

SHIRLEY began telling stories as a KINDERGARTEN TEACHER in 1960, and continued to build her repertoire, combining tradition with modern techniques, and for the past ten years, she has stepped out on her own as the BAREFOOT STORYTELLER, doing what she likes best, telling and creating stories but most important, PUTTING HERSELF INTO THE STORIES SHE TELLS. She stresses the importance of assuming the mannerisms of the characters. She was greatly aided by her eight years of experience in CHILDREN'S SERVICES in the FORSYTH COUNTY PUBLIC LIBRARY.

Her interest in storytelling as an art form peaked after taking a continuing education course on the subject. She has performed at such functions as the BLACK STORYTELLING FESTIVAL held in Baltimore, Maryland; STORYTELLING AT CENTRAL PARK, New York City, NELL LITE Productions DINNER THEATRE in Winston-Salem, North Carolina, THE AFRO-AMERICAN HISTORICAL AND CULTURAL MUSEUM in Philadelphia, and ROADWORKS in Washington, D. C. Her appearances include WORKSHOPS and PERFORMANCES in schools and libraries throughout North Carolina, South Carolina and Virginia. She has made appearances on television stations Channel 8, ABC, Channel 12, NBC, and Channel 2, CBS as well as numerous radio stations and newspapers.

Shirley has received numerous awards including DISTINGUISHED CITIZEN AWARD and was made THE OFFICIAL STORYTELLER OF THE CITY OF WINSTON-SALEM, NORTH CAROLINA by the mayor. She is affiliated with the local arts groups such as URBAN ARTS OF THE ARTS COUNCIL, NORTH CAROLINA LIBRARY ASSOCIATION/CHILDREN SERVICES, SOUTHERN ARTS FEDERATION, NATIONAL ASSOCIATION FOR THE PERPETUATION AND PRESERVATION OF STORYTELLING (NAPPS), THE NATIONAL BLACK STORYTELLERS, and FOLK SCHOOL, NORTH CAROLINA.

Shirley is married to William C. Holloway and the proud mother of two sons, Clarence and Curtis Hairston, and one daughter Sherry Holloway.

AVAILABLE FOR TRAVEL

Office of the Mayor

# Proclamation

WHEREAS, Three years ago the Tarheel Association of Storytellers, Inc., was formed in order that the art of storytelling might be preserved in North Carolina as elsewhere; and

WHEREAS, The Tarheel Association of Storytellers, Inc. believes that "Everyone has a story to tell" and that those stories should be shared in order that the history of man might be passed to the next generation as it has to those that have preceded; and

WHEREAS, This Association further endeavors to train people to use their inherent talent for sharing knowledge through effective storytelling.

NOW, THEREFORE, I, WAYNE A. CORPENING, Mayor of the City of Winston-Salem, North Carolina, do hereby proclaim that the first weekend in May, May 4-6, 1984, shall be known as

## TARHEEL STORYTELLING WEEKEND

in Winston-Salem and I urge our citizens to join in the celebration by attending the Storytelling Festival at Winston Square and Winston Park and the other activities planned to celebrate storytelling.

IN WITNESS WHEREOF, I have hereunto set my hand and caused the official seal of the City of Winston-Salem to be affixed hereto, this the 3rd day of May, 1984.

*Wayne A. Corpening*  
MAYOR





NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
N.C. VITAL RECORDS

2018907136

D 126 4221

REGISTRATION DISTRICT NO. **03495** LOCAL NO. **092** COUNTY OF DEATH **Forsyth** STATE FILE NO.

CERTIFICATE OF DEATH

DECEDENT	DECEDENT'S LEGAL NAME					STATE FILE NO.	
	1a FIRST <b>Shirley</b>	1b MIDDLE <b>Elizabeth</b>	1c LAST <b>Holloway</b>	1d SUFFIX	1e LAST NAME PRIOR TO FIRST MARRIAGE <b>Crutchfield</b>		
TYPE/PRINT IN PERMANENT BLACK, BLUE, BLACK OR BLUE INK	2 SEX <b>F</b>	3a AGE-LAST BIRTHDAY (Yrs) <b>82</b>	3b UNDER 1 YEAR Months: Days: Hours: Minutes:	3c UNDER 1 DAY Hours: Minutes:	4 DATE OF BIRTH (Month/Day/Year) <b>MAY 11, 1936</b>	5 BIRTHPLACE (County-State or Foreign Country) <b>Rockingham, NC</b>	6 DATE OF DEATH (Month/Day/Year) <b>MAY 22, 2018</b>
	PLACE OF DEATH (Check only one)						
NAME OF DECEDENT (to use by Physician, Institution, or Municipal Examiner)	7a IF DEATH OCCURRED IN A HOSPITAL <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> ER-Outpatient <input type="checkbox"/> DOA			7b IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify)			
	7c FACILITY NAME (if not institution give street and number) <b>Forsyth Medical Center</b>			7d CITY OR TOWN <b>Winston-Salem</b>		7e COUNTY OF DEATH <b>Forsyth</b>	
PARENTS	8 MARITAL STATUS <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married - cul separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Unknown		9 SURVIVING SPOUSE (Give name prior to first marriage) <b>William Holloway</b>		10a DECEDENT'S USUAL OCCUPATION (Do not use retired) <b>Elementary Teacher</b>		10b KIND OF BUSINESS-INDUSTRY <b>Education</b>
	11 SOCIAL SECURITY NUMBER <b>241-56-6829</b>		12a RESIDENCE-STATE OR FOREIGN COUNTRY <b>North Carolina</b>		12b COUNTY <b>Forsyth</b>		12c CITY OR TOWN <b>Winston-Salem</b>
DISPOSITION	13a STREET AND NUMBER <b>818 Woodcote Drive</b>		13b INSIDE CITY LIMITS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		13c ZIP CODE <b>27107</b>		13d WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	14 DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of schooling completed at the time of death.) <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th-12th grade - no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit but no degree <input type="checkbox"/> Associate degree (e.g. AA, AS) <input checked="" type="checkbox"/> Bachelor's degree (e.g. BA, AB, BS) <input type="checkbox"/> Master's degree (e.g. MA, MS, MENG, ME, MSW, MBA) <input type="checkbox"/> Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, DDS, DVM, LLB, JD)		15 DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino. <input checked="" type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes Mexican/Mexican American/Chicano <input type="checkbox"/> Yes Puerto Rican <input type="checkbox"/> Yes Cuban <input type="checkbox"/> Yes other Spanish/Hispanic/Latino (Specify)		16 DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be.) <input type="checkbox"/> White <input type="checkbox"/> Other Asian (Specify) <input checked="" type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Japanese <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Filipino <input type="checkbox"/> Vietnamese		
MEDICAL CERTIFICATION	17 FATHER/PARENT NAME (First, Middle, Last; Last Name Prior to First Marriage) <b>Henry Crutchfield</b>				18 MOTHER/PARENT NAME (First, Middle, Last; Last Name Prior to First Marriage) <b>Maggie Reynolds</b>		
	19a MAILING ADDRESS (Street and Number, City, State, Zip Code) <b>818 Woodcote Drive Winston-Salem NC 27107</b>		19b RELATIONSHIP TO DECEDENT <b>Husband</b>		19c LOCATION (City, or town and State) <b>Winston-Salem, NC</b>		
BURIAL/CREMATION PERMIT	20a METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation		20b PLACE OF DISPOSITION (Name of cemetery, crematory, other place) <b>Piedmont Memorial Gardens</b>		20c LICENSE NUMBER <b>1746</b>		
	21a SIGNATURE OF FUNERAL DIRECTOR <i>D. A. Johnson</i>		21b NAME AND ADDRESS OF FUNERAL HOME <b>Hooper Funeral Home 1415 E. 14th Street Winston-Salem NC 27105</b>		21c NAME OF EMBALMER <b>Granthea F. Johnson</b>		
MEDICAL EXAMINER ONLY	23 PART I Enter the chain of events (diseases, injuries or complications) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology, or lines b, c and/or d. Enter only one cause on a line. DO NOT ABBREVIATE						Approximate interval Onset to death
	IMMEDIATE CAUSE (Final disease or condition resulting in death) → <b>Cardiac Arrest secondary to Pneumonia</b> Due to (or as a consequence of) b <b>Sepsis secondary to B. Pseudomona</b> Due to (or as a consequence of) c d Due to (or as a consequence of)						
CERTIFIER	PART II Other significant conditions contributing to death but not resulting in the underlying cause given in PART I <b>Arrhythmia, Coronary Artery Disease, Diabetes Mellitus, Peripheral Disease, History Stroke, COPD - obstructive pulmonary disease</b>				24a WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		24b WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No
	25 MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending <input type="checkbox"/> Suicide <input type="checkbox"/> Cannot be determined		26a WAS CASE REFERRED TO MEDICAL EXAMINER? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		26b IF YES Declined by Medical Examiner		27 RISE OF DEATH (Approximate) <b>0330</b>
REGISTERAR	28 DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		29 IF FEMALE <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant but pregnant within 42 days of death <input type="checkbox"/> Not pregnant but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		30 DATE PRONOUNCED (Month/Day/Year)		
	31a DATE OF INJURY (Month/Day/Year)		31b TIME OF INJURY		31c INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No		31d PLACE OF INJURY—at home, farm, street, factory, office, building, etc.
DATE CORRECTED (Mo/Day/Yr)	32 CERTIFIER (Check only one) <input checked="" type="checkbox"/> Certifying physician/nurse practitioner/physician assistant - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner - On the basis of examination, and/or investigation, in my opinion death occurred at the time, date, and place, and due to the cause(s) and manner stated.				33a SIGNATURE AND TITLE OF CERTIFIER <i>Dr. Chen</i>		
	33b NAME AND ADDRESS OF CERTIFIER (Print legibly) <b>3305 Sias Creek Parkway Winston-Salem, NC</b>		33c LICENSE NUMBER <b>56746</b>		33d DATE SIGNED (Month/Day/Year) <b>05-22-2018</b>		
DATE AMENDED (Mo/Day/Yr)		34 FOR LOCAL REGISTRAR (Name) <i>Dr. Chen</i>		35 DATE FILED (Month/Day/Year) <b>MAY 29 2018</b>		36 DATE REGISTERED BY STATE	
DATE CORRECTED (Mo/Day/Yr)		DATE AMENDED (Mo/Day/Yr)		ITEM(S) CORRECTED			
DATE AMENDED (Mo/Day/Yr)		DATE AMENDED (Mo/Day/Yr)		ITEM(S) AMENDED			