

(1) PLACE OF BIRTH

County Charleston, S.C.

Township of

or Inc. Town of

City Charleston, S.C.

(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

Registration District No. 9 A

FILE NUMBER

35004 X

Registered No. 10016Ward 16

(2) Full Name of Child

Ethel Effie Holcomb2) BOY OR GIRL girl3) Type of Infant —4) Number in order of birth 15) Sex girl6) Date of birth Nov 16 19237) Time of birth 2:308) Place of birth Charleston, S.C.9) Color or race White10) Age at last birthday 3111) Birthplace Brumfield, Ohio12) Occupation Policeman13) Number of children born to mother, including present birth One (1)14) Name of mother Elizabeth Ann Welch15) Present residence of mother Charleston, S.C.16) Color or race White17) Age at last birthday 2718) Birthplace Charleston, S.C.19) Occupation Home duties20) Number of children of this mother now living, including present birth One (1)21) I hereby certify that I attended the birth of this child, who was born alive on the date above stated.(22) (Signature) W. H. Holcomb(23) (Address of Physician or Midwife) W. H. Holcomb(24) (Whether Physician or Midwife) Physician

Given name added from a supplemental report

(25) Witness W. H. Holcomb

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

(27) Filed 11/22 1923 W. H. Holcomb

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 sixth month of pregnancy.

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