

McCaw, of Columbia, FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

(1) PLACE OF BIRTH

County of Abbe
Township of Wm. A. R. S.
or
Inc. Town of
or
City of

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA,
Bureau of Vital Statistics
State Board of Health

File No. 62796 For State Registrar Only

Registration District No. 126 Registered No. 33
(For use of Local Registrar)
St.:
Ward:

(2) Full Name of Child Kelly Holmes 1. If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? 1 (5) Number in order of birth 4 (6) Are Parents Married? Yes (7) DATE OF BIRTH 6/12 1916
(Name of Month) (Day) (Year)

FATHER
(8) FULL NAME Isabel Holmes
(9) PRESENT POSTOFFICE OF FATHER Honma Path 2c
(10) COLOR OR RACE Wp (11) AGE AT LAST BIRTHDAY 30 (Years)
(12) BIRTHPLACE Abbe Co
(13) OCCUPATION Furmer
(20) Number of children born to mother, including present birth 4

MOTHER
(14) NAME BEFORE MARRIAGE Alice Williams
(15) PRESENT POSTOFFICE OF MOTHER Honma Path 2c
(16) COLOR OR RACE Wp (17) AGE AT LAST BIRTHDAY 26 (Years)
(18) BIRTHPLACE Abbe Co
(19) OCCUPATION Laborer
(21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive on the date above stated.
(23) (Signature) J. R. B. B. (Born alive or stillborn) (Hour A. M. or P. M.)
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Due West, S.C.

Given name added from a supplemental report
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Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
(27) File June 24, 1916 (28) J. C. Whipple 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
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LOCAL REGISTRAR