

MARGIN RESERVED FOR INDEXING. WRITE PLAINLY. WITH UPDATING LIVE-THIS IS A PERMANENT RECORD. SEPARATE BLANK FOR EACH CHILD. USE BACK OF FIRST-BORN AND OTHER OTHER NO. 2, etc. in question 5.

(1) PLACE OF BIRTH

County of Schulky
Township of North Augusta
or
Inc. Town of.....
or
City of.....

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

File No.—For State Registrar Only
71137

Registration District No. 713 Registered No.
(For use of Local Registrar)

(No. 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 Harrell Holmes If child is not yet named, make supplemental report as directed

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

FATHER.		MOTHER.	
(8) FULL NAME <u>Willie Holmes</u>	(14) NAME BEFORE MARRIAGE <u>Lilla Clay</u>	(15) PRESENT POSTOFFICE OF FATHER <u>North Augusta</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>North Augusta</u>
(10) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>32</u> (Years)	(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>19</u> (Years)
(12) BIRTHPLACE		(18) BIRTHPLACE <u>Schulky</u>	
(13) OCCUPATION <u>laborer</u>		(19) OCCUPATION <u>Housekeeper</u>	
(20) Number of children born to mother, including present birth <u>1</u>		(21) Number of children of this mother now living, including present birth <u>1</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 4 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Mary Lizzie Holmes
(24) State whether Physician or Midwife? midwife (25) Address of Physician or Midwife North Augusta Rd

Given name added from a supplemental report

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

(27) Filed Aug 5 1916 (28) A L Medlock 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.