

SEALING RECOMMENDED FOR BINDING.
 WHITE PLAINLY, WITH ENLARGING, INC.—THIS IS A PERMANENT RECORD.
 N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 6.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		File No.—For State Registrar Only	
County of <u>Georgetown</u>		STATE OF SOUTH CAROLINA		4188	
Township of <u>Lowry</u>		Bureau of Vital Statistics			
or Inc. Town of <u>Georgetown</u>		State Board of Health			
City of <u>Georgetown</u>		Registration District No. <u>2-1-A</u>		Registered No. <u>14</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. <u>224 Church St.</u> St. <u>2-5</u> Ward)		(For use of Local Registrar)	
(2) Full Name of Child <u>Gabriel Holmes</u>		If child is not yet named, make supplemental report as directed			
(3) BOY OR GIRL <u>girl</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Jan 19 1922</u>	
FATHER		MOTHER			
(8) FULL NAME <u>Carnett Holmes</u>		(14) NAME BEFORE MARRIAGE <u>Henah Myers</u>			
(9) PRESENT POSTOFFICE OF FATHER <u>Georgetown S.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Georgetown</u>			
(10) COLOR OR RACE <u>Negro</u>		(11) AGE AT LAST BIRTHDAY <u>45</u>		(17) AGE AT LAST BIRTHDAY <u>40</u>	
(12) BIRTHPLACE <u>La. Co.</u>		(18) BIRTHPLACE <u>La. Co.</u>		(19) OCCUPATION <u>General</u>	
(20) Number of children born to mother, including present birth <u>4</u>		(21) Number of children of this mother now living, including present birth <u>4</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>11:00</u> M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>Orilla Rice</u>					
(24) State whether Physician or Midwife <u>Midwife</u>					
(25) Address of Physician or Midwife <u>Madison</u>					
Given name added from a supplemental report			(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)		
....., 19			(27) Filed <u>Mar 14 1922</u> (28) <u>W. R. P. F. L. H.</u> 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.					

DEPARTMENT OF COMMERCE, COLUMBIA, S. C.