

Form No. 1

(1) PLACE OF BIRTH

County of York
Township of Floyd

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No. For State Registrar Only

90397

Inc. Town of Registration District No. 20-08 Registered No. 126
(For use of Local Registrar)
City of (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 M. name { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? B (4) Twin or Triplet? no (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH Dec. 30 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Mayo Holmes

(9) PRESENT POSTOFFICE OF FATHER Riches St

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 31 (Years)

(12) BIRTHPLACE York

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth { 4

MOTHER.

(14) NAME BEFORE MARRIAGE Janice Hinoor

(15) PRESENT POSTOFFICE OF MOTHER Riches St

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 21 (Years)

(18) BIRTHPLACE York

(19) OCCUPATION House work

(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 alive at 7 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) J. D. Thomas

(24) State whether Physician or Midwife | (25) Address of Physician or Midwife

Physician | Lint St

Given name added from a supplemental report

....., 191.....

Registrar

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

(27) Filed 10 1917 (28) S. E. Williams 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.

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