

Form No. 1

## (1) PLACE OF BIRTH

County of Barnwell  
 Township of Blackville  
 or  
 Inc. Town of Blackville  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

6542

Registration District No. 5. A. Registered No. 8  
 (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 Loral Holmes { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 99 (6) Are Parents Married? Yes (7) DATE OF BIRTH Mar. 8, 1922  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Arthur Holmes

(9) PRESENT POSTOFFICE OF FATHER Blackville

(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 39  
 (Years)

(12) BIRTHPLACE S. C.

(13) OCCUPATION Farmer work

(14) Number of children born to mother, including present birth 5

## MOTHER.

(14) NAME BEFORE MARRIAGE Missie Udow

(15) PRESENT POSTOFFICE OF MOTHER Blackville

(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 28  
 (Years)

(18) BIRTHPLACE S. C.

(19) OCCUPATION

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

(23) (Signature) Mary Deabrooks (25) Address of Physician or Midwife

(24) State whether Physician or Midwife Midwife

Given name added from a supplemental report

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

(27) Filed April, 10, 1922 (28) G. D. Hammond 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.