

Form No. 1

(1) PLACE OF BIRTH

County of EdgefieldTownship of Marion

or

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 1876

File No.—For State Registrar Only

30020

Registered No. 42
(For use of Local Registrar)

(2) Full Name of Child

Jannie Holms

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL?

girl

(4) Twin or Triplet?

To be answered only in event of Twins or Triplets

(5) Number in order of birth

(6) Are Parents Married?

no

(7) DATE OF BIRTH

Sep 18 22
(Name) (Month) (Day) (Year)

FATHER.

(8) FULL NAME

John Holms

(9) PRESENT POSTOFFICE OF FATHER

Edgefield S.C.

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

24
(Years)

(12) BIRTHPLACE

S.C.

(13) OCCUPATION

Farming

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

1 1 1

MOTHER.

(14) NAME BEFORE MARRIAGE

Emma Corns

(15) PRESENT POSTOFFICE OF MOTHER

Edgefield S.C.

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

22
(Years)

(18) BIRTHPLACE

S.C.

(19) OCCUPATION

Farming

(21) Number of children of this mother now living, including present birth

1 1 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 3 30 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Charity Abraham
midwife Edgefield S.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filed

Sep 30 19 22(28) Emma Corns
Local Registrar

19 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.

RECEIVED OF COLUMBIA, COLUMBIA, S. C. IN CASE OF TWINS OR TRIPLETS USE SEPARATE BLANKS FOR EACH CHILD, AND MARK THE FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.