

**WHITE PLAINLY, WITH UNFADING INK—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 5.**

McCAW OF COLUMBIA. COLUMBIA, S. C.

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

~~17364~~

County of Alameda

Township of Beaumont

Inc. **TOWN of**.....

City of .....

Registration District No. 104

Registered No. 4.....  
(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 Carmie Kell Holmstrom If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? ☒

(4) Twin or Triplet?

(5) Number in order of birth

(6) **Are Parents Married?**

(17) DATE OF

BIRTH.....*June 4*.....19*27*.....  
(Name of Month) (Day) (Year)

## FATHER

(8) **FULL NAME**

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE

(11) AGE AT LAST BIRTHDAY.....  
(Year)

(12) BIRTHPLACE

**(13) OCCUPATION**

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

# MOTHER

(14) NAME BEFORE MARRIAGE

(15) PRESENT  
POSTOFFICE  
OF MOTHER

(16) COLOR OR RACE

(18) BIRTHPLACE

(19) OCCUPATION

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

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE:**

(22) I hereby certify that I attended the birth of this child, who was James at 1:45 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

Given name added from a supplemental report

**(24) Witness**

(Signature of Witness necessary only  
when question 23 is signed by more than one person)

(37) Filed 6/10 1960

(28) *F. H. B. [Signature]*  
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.