

Form No. 1

(1) PLACE OF BIRTH

County of Richland
 Township of Blytheville
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

5093

Registration District No. 3800Registered No. 10
(For use of Local Registrar)

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

(2) Full Name of Child Mary Holmes

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 Twin or Triplet (5) Number in order of birth (6) Are Parents Married Yes (7) DATE OF BIRTH Feb 3, 23
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Clarence Holmes(9) PRESENT POSTOFFICE OF FATHER Blytheville(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 21
(Years)(12) BIRTHPLACE Marfield & Co(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 2

MOTHER.

(14) NAME BEFORE MARRIAGE Ade Cannon(15) PRESENT POSTOFFICE OF MOTHER Blytheville(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 19
(Years)(18) BIRTHPLACE Richland & Co(19) OCCUPATION House work(21) Number of children of this mother now living, including present birth 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was alive 35
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Hattie Boulware

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

College Place

Given name added from a supplemental report

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

(27) Filed Feb 5-23 W. A. McLean
 Registrar 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 stillborns before the fifth month of pregnancy.

FIRST-BORN. No. 1. THE OTHER, No. 2, etc., in question 8.

Bureau of Statistics, Columbia, S. C.