

STATE OF SOUTH CAROLINA)
COUNTY OF CHARLESTON (

PERSONALLY appeared before me, Emma C. Prognall, a Notary Public
of South Carolina, Maria Holmes who, being duly sworn, says:-
that ~~HE~~ ^{she} is a resident of the City of Charleston, County and State
aforesaid: that ~~HE~~ ^{she} is the MOTHER of Elouise Holmes who was
FATHER

born on Sept. 18th, 1923 in Mt. Pleasant, State and County
aforesaid: that ~~HE~~ ^{she} has given the answers as set forth on the Attached
Return of Birth, and that the same are true and correct.

Maria Holmes ^{Act} L.S.
Notary

~~HE~~ to before me this

24th day of Sept. A.D. 1930

Emma C. Prognall
Notary Public, S.C. My commission expires at the will of the
Governor.

Given name added from a supplement-
tal report

(26) Witness

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

(27) Filed

Sept 29, 1930

(28)

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.

1. PLACE OF BIRTH

Township of Mt. PleasantCounty of Charleston

or

Ins. Town of _____

or

City of _____

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 98

FILE No.—For State Registrar Only

27520A

Registered No. _____

(For use of Local Registrar)

(No. Mt. Pleasant, S.C. St. _____ Ward _____)

2. FULL NAME OF CHILD

Elvina Holmes

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

3. Boy or Girl

If Plural

4. Twin, triplet, or other _____

5. Premature _____

7. Legiti-

mate? Yes

8. Date of

Sept. 12, 1908

(Month, day, year)

Girl

FATHER

9. Full name

Isaac Holmes10. Residence (usual place of abode)
(If nonresident, give place and State) Mt. Pleasant, S.C.11. Color or race Col.12. Age at last birthday 32 (Years)

13. Birthplace (city or place)

(State or country) Mt. Pleasant, S.C.

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Laborer

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work _____

17. Total time (years) spent in this work _____

19. _____

27. Number of children of this mother
At time of this birth and including this child(a) Born alive and now living 7(b) Born alive but now dead 5

(c) Stillborn _____

28. If stillborn,
period of gestation _____{ months
weeks

29. Cause of stillbirth _____

Before labor _____

During labor _____

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 11 A.M. the date above stated
(Born alive or stillborn)

(Signed) _____

M. D.

or _____

Midwife

Address _____

Mt. Pleasant, S.C.

Filed _____

9/24/30

19 _____

Emma G. Prigoni

Registrar.

Registrar.

{ When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Given name added from _____

a supplemental report _____

(Date of) _____