

Form No. 1

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

564

County of Charleston
Township of Charleston
or
Inc. Town ofRegistration District No. 9.0.1.Registered No. 5
(For use of Local Registrar)City of (No. St. Ward)
(If birth occurs in a hospital or other institution, name of same instead of street and number.)(2) Full Name of Child Charles Holmes If child is not yet named, make supplemental report as directed

(3) SEX OF CHILD <u>Male</u>	(4) Type of Birth <u>Full</u>	(5) Number in order of birth <u>1</u>	(6) Age of Mother <u>24</u>	(7) DATE OF BIRTH <u>Aug. 20, 1923</u>
---------------------------------	----------------------------------	--	--------------------------------	---

FATHER		MOTHER	
(8) FULL NAME <u>Charles Holmes</u>	(10) NAME BEFORE MARRIAGE <u>John Williams</u>	(9) FULL NAME <u>John Williams</u>	(11) NAME BEFORE MARRIAGE <u>John Williams</u>
(12) PRESENT RESIDENCE OF FATHER <u>101 Pleasant St.</u>	(14) PRESENT RESIDENCE OF MOTHER <u>101 Pleasant St.</u>	(13) PRESENT RESIDENCE OF FATHER <u>101 Pleasant St.</u>	(15) PRESENT RESIDENCE OF MOTHER <u>101 Pleasant St.</u>
(16) COLOR OR RACE <u>Caucasian</u>	(18) AGE AT LAST BIRTHDAY <u>38</u>	(16) COLOR OR RACE <u>Caucasian</u>	(18) AGE AT LAST BIRTHDAY <u>38</u>
(19) BIRTHPLACE <u>Charleston S.C.</u>	(21) BIRTHPLACE <u>Charleston S.C.</u>	(19) BIRTHPLACE <u>Charleston S.C.</u>	(21) BIRTHPLACE <u>Charleston S.C.</u>
(22) OCCUPATION <u>Lawyer</u>	(24) OCCUPATION <u>Home Work</u>	(22) OCCUPATION <u>Lawyer</u>	(24) OCCUPATION <u>Home Work</u>
(25) Number of children born to mother, including present birth <u>10</u>	(27) Number of children of this mother now living, including present birth <u>6</u>	(25) Number of children born to mother, including present birth <u>10</u>	(27) Number of children of this mother now living, including present birth <u>6</u>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(28) I hereby certify that I attended the birth of this child, who was at M., on the date above stated. (Signature of physician or midwife) Dr. J. H. Williams(29) (Signature) Dr. J. H. Williams
(30) State where physician or midwife is licensed South Carolina
(31) Address of physician or midwife 101 Pleasant St.

Given name added from a supplemental report

(32) Witness Dr. J. H. Williams
(33) Signature of Witness necessary only when question 28 is signed by a midwife
(34) Filed Aug. 20, 1923 (35) Registrar Dr. J. H. Williams

*When there was no attending physician or midwife, then the father, householder, etc., should sign. If a child breathes even once, it must not be reported as stillborn. No report is needed at all before the fifth month of pregnancy.