

(1) PLACE OF BIRTH

County of Cherokee
 Township of Cole Hill

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

67155

Inc. Town of Registration District No. 12.0.2 Registered No. 46

(For use of Local Registrar)

City of (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: Enoch Lee Holmes If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>July 31</u> (Name of Month) (Day) (Year)
FATHER		MOTHER		
(8) FULL NAME <u>Enoch Lee Holmes</u>		(14) NAME BEFORE MARRIAGE <u>Florence Sweet</u>		
(9) PRESENT POSTOFFICE OF FATHER <u>Fayetteville N.C.</u>		(15) PRESENT POSTOFFICE OF MOTHER <u>Widdendorf N.C.</u>		
(10) COLOR OR RACE <u>white</u>	(11) AGE AT LAST BIRTHDAY <u>22</u> (Years)	(16) COLOR OR RACE <u>white</u>	(17) AGE AT LAST BIRTHDAY <u>27</u> (Years)	
(12) BIRTHPLACE <u>Fayetteville N.C.</u>		(18) BIRTHPLACE <u>Cherokee Co</u>		
(13) OCCUPATION <u>Farmer</u>		(19) OCCUPATION <u>Housewife</u>		
(20) Number of children born to mother, including present birth <u>1</u>		(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 5 P. M. on the date above stated.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Dr. Patrick

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Physician Patrick, N.C.

Given name added from a supplemental report
 _____, 191...

(26) Witness
 (Signature of Witness necessary only when question 22 is signed or marked)

(27) Filed Aug. 4, 1916 (28) J. A. Davis
 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.

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MAKING HEAD-TO-TOE PHOTOGRAPHS OF THE CHILD. IN CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN N. NO. 1. THIS OFFICE, NO. 2, ETC., IN QUESTION 2.