

(1) PLACE OF BIRTH

County of Charleston

Township of

or

Inc. Town of

or

City of Charleston

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

27461

Registration District No. 9A

Registered No.

(For use of Local Registrar)

(Name of Hospital)

St. Ward)

(2) Full Name of Child Baby Helen Rose

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

(1) BOY OR GIRL?

girl(4) Twin 1st or Triplet?

(5) Number in order of birth

2

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Sept 6

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

William Henry Holmsten

(9) PRESENT POSTOFFICE OF FATHER

52 Market St. Charleston S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

32

(Years)

(12) BIRTHPLACE

Savannah Georgia

(13) OCCUPATION

Banker

MOTHER.

(14) NAME BEFORE MARRIAGE

Marion Hildebrand

(15) PRESENT POSTOFFICE OF MOTHER

52 Market St. Charleston S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

24

(Years)

(18) BIRTHPLACE

Charleston S.C.

(19) OCCUPATION

Wife

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

1st born

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

2nd

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born as born on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician890 Broad St

Given name added from a supplemental report

101

Registrar

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed

9/7 738 Merens Green R.D

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.