

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town

or

City of

(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

27379

Registration District No.

Registered No.

(For use of Local Registrar)

(No. 124 Bogard St.; Ward)

(2) Full Name of Child.

Baby Whitefield

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

(3) BOY
GIRL

Boy

(4) Twin
or Triplet

2

(5) Number in
order of birth

1

(6) Are
Parents
Married

Yes

(7) DATE OF
BIRTH

Sept. 18, 22

FATHER.

(8) FULL
NAME

David Holmes

(9) PRESENT
POSTOFFICE
OF FATHER

Charleston

(10) COLOR
OR
RACE

Col

(11) AGE AT LAST
BIRTHDAY

72

(12) BIRTHPLACE

Charleston

(13) OCCUPATION

Laborer

MOTHER.

(14) NAME BEFORE
MARRIAGE

Gouldin Holitzky

(15) PRESENT
POSTOFFICE
OF MOTHER

Charleston

(16) COLOR
OR
RACE

Col

(17) AGE AT LAST
BIRTHDAY

22

(18) BIRTHPLACE

Charleston

(19) OCCUPATION

Domestic

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

3

(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
on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

M. L. L.

Roper Hospital

(Given name added from a supplement-
tal report)

101

Registrar

(26) Witness

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

(27) Filed

9/25

1912

23

J. M. M. L.

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.