

(1) PLACE OF BIRTH

County of BeaufortTownship of Hiltonheador
Inc. Town ofor
City of

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

(2) Full Name of Child Walter Holmes

File No.—For State Registrar Only

37314Registration District No. 802 Registered No. 45
(For use of Local Registrar)

St.; Ward)

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

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth <u>4</u>	(6) Are Parents Married? <u>No</u>	(7) DATE OF BIRTH <u>Nov. 14</u> 19 <u>22</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME UNKNOWN

(9) PRESENT POSTOFFICE OF FATHER

(10) COLOR OR RACE (11) AGE AT LAST BIRTHDAY.....
(Years)

(12) BIRTHPLACE

(13) OCCUPATION

(20) Number of children born to mother, including present birth 4

MOTHER.

(14) NAME BEFORE MARRIAGE Georgiana Holmes(15) PRESENT POSTOFFICE OF MOTHER Hiltonhead, S. C.(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY.....
(Year)

(18) BIRTHPLACE

(19) OCCUPATION

Farm Laborer(21) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive.....at 8.....P. M.
(Born alive or stillborn) (Hour A. M. or P. M.)
on the date above stated.(23) (Signature) J. A. Brown
(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife Hiltonhead, S. C.

Given name added from a supplemental report

(26) Witness W. A. Brown
(Signature of witness necessary only when question 23 is signed by mark)(27) Filed Nov. 22 1922 (28) W. A. Brown
Local RegistrarWhen 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.