

## (1) PLACE OF BIRTH

County of Charleston

Township of .....

Inc. Town of .....

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 Register Only  
3235Registration District No. 9 ARegistered No. 325

(For use of Local Registrar)

(2) Full Name of Child Sarah Boykin Holmes

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

(1) SEX—OR  
GIRL? girl(2) Twin  
or Triplet? X(3) Number in  
order of birth X(4) Are  
Parents yes  
Married(7) DATE  
BIRTH Feb 5 1923  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL  
NAME James McGowan Holmes(9) PRESENT  
POSTOFFICE  
OF FATHER Edisto Island S.C.(10) COLOR  
OR  
RACE White (11) AGE AT LAST  
BIRTHDAY 35  
(Years)(12) BIRTHPLACE  
Spartanburg S.C.(13) OCCUPATION  
Farmer (Truck)(14) Number of children born to  
mother, including present birth 1

## MOTHER.

(14) NAME BEFORE  
MARRIAGE Sarah Boykin(15) PRESENT  
POSTOFFICE  
OF MOTHER Edisto Island S.C.(16) COLOR  
OR  
RACE white (17) AGE AT LAST  
BIRTHDAY 32  
(Years)(18) BIRTHPLACE  
Boykin S.C.(19) OCCUPATION  
Wife(21) Number of children of this mother  
now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive 3 55  
on the date above stated. (Name of child or stillborn) (Hour A. M. or P. M.)(23) (Signature) [Signature](24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Edisto IslandGiven name added from a supplement-  
tal report(26) Witness  
(Signature of Witness necessary only  
when question 25 is signed by mark)(27) Filed 2/16 23 (28) J. Mercer Green, Jr.  
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.If a child breathes even once, it must not be reported as stillborn. No report is desired  
before the fifth month of pregnancy.