

MARGIN RESERVED FOR BINDING.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.

No. 2.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK for each child, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McCaw, of Columbia.

(1) PLACE OF BIRTH

County of Charleston

Township of

or
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 Registrar Only

48277

Registration District No. 9A Registered No. 162

(For use of Local Registrar)

(No. 21 Strawberry Lane St.; Ward) 12

(2) Full Name of Child. Helener Holmes } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? girl (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? yes (7) DATE OF BIRTH Jan. 23 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Holmes

(9) PRESENT POSTOFFICE OF FATHER Charleston

(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 25 (Years)

(12) BIRTHPLACE Charleston

(13) OCCUPATION labor

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

MOTHER.

(14) NAME BEFORE MARRIAGE Lillie Mary

(15) PRESENT POSTOFFICE OF MOTHER Charleston

(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 22 (Years)

(18) BIRTHPLACE Charleston

(19) OCCUPATION house work

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

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Anna Nelson

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

Midwife 32 Sumter St

Given name added from a supplemental report

....., 191.....

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..... Registrar

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

(27) Filed 7/16/1916 (28) J. Meceir Green 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.

HEALTH OFFICER