

## (1) PLACE OF BIRTH

County of BambergTownship of Bambergor  
Inc. Town of Bambergor  
City of Bamberg

(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

48069

Registration District No. 4ARegistered No. 7  
(For use of Local Registrar)

## (2) Full Name of Child

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

(3) BOY OR GIRL? <u>GIRL?</u>	(4) Twin or Triplet? <u>No</u>	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>2 11 6</u> (Name of Month) (Day) (Year)
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(8) FULL NAME OF FATHER <u>P. H. Holmes</u>		(9) NAME BEFORE MARRIAGE OF MOTHER <u>Donela</u>	
(10) PRESENT POSTOFFICE OF FATHER <u>Bamberg</u>		(11) PRESENT POSTOFFICE OF MOTHER <u>Bamberg</u>	
(12) COLOR OR RACE <u>Col</u>	(13) AGE AT LAST BIRTHDAY <u>3</u> (Years)	(14) COLOR OR RACE <u>Col</u>	(15) AGE AT LAST BIRTHDAY <u>3</u> (Years)
(16) BIRTHPLACE <u>Col</u>		(17) BIRTHPLACE <u>Col</u>	
(18) OCCUPATION <u>Day Laborer</u>		(19) OCCUPATION <u>House wife</u>	
(20) Number of children born to mother, including present birth <u>3</u>		(21) Number of children of this mother now living, including present birth <u>3</u>	

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 10 A on the date above stated. (born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Elizabeth Handy  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife  
Midwife Bamberg

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
M. G. Corner(27) Filed 2/12/6 (28) John Corner 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.

Form No. 10. MAINLY REPRODUCED FROM BINDER. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. N. B.—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. McGraw-Hill of Columbia

A child born before the fifth month of pregnancy, if it breathes even once, must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.