

## (1) PLACE OF BIRTH

County of SpartanburgTownship of .....

or

Inc. Town of .....

or

City of Hayes

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

(2) Full Name of Child James Holmes

File No.—For State Registrar Only

16797

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4008Registered No. 131  
(For use of Local Registrar)

St.; ..... Ward)

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

(3) ~~Is~~ Is ~~boy~~ girl?

(4) Twin or Triplet?

(5) Number in order of birth 1(6) Are Parents Married? yes

(7) DATE OF

BIRTH May 6 1922  
(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

Herbert Holmes

(9) PRESENT POSTOFFICE OF FATHER

Fairforest, SC

(10) COLOR OR RACE

W(11) AGE AT LAST BIRTHDAY 31  
(Years)

(12) BIRTHPLACE

N.C.

(13) OCCUPATION

R.R. employee

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

1

## MOTHER.

(14) NAME BEFORE MARRIAGE

Lucile Whitlock

(15) PRESENT POSTOFFICE OF MOTHER

Spartanburg R.F.D. #3

(16) COLOR OR RACE

W(17) AGE AT LAST BIRTHDAY 20  
(Years)

(18) BIRTHPLACE

Spartanburg, SC

(19) OCCUPATION

at home

(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 at 3 A M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed

May 15 1922

(28)

G. H. Parker  
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.

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