

MARGIN RESERVED FOR BINDING.

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

M. 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.

Section of Columbia, Columbia, S. C.

\*By Court Order dt. 4-12-22 \*Earline Edmondson

**CERTIFICATE OF BIRTH**  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health **9 A**

File No.—For State Registrar Only  
**550**

(1) PLACE OF BIRTH  
County of Charleston  
Township of           
OR  
Inc. Town of           
OR  
City of Charleston (No. 20 Beaufort Ct. St.;          Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

Registered No. **131**  
(For use of Local Registrar)

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

(3) BOY OR GIRL <u>G</u>	(4) Twin or Triplet? <u>X</u> <small>To be answered only in event of Twins or Triplets</small>	(5) Number in order of birth <u>X</u>	(6) Are Parents Married? <u>yes.</u>
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(7) DATE OF BIRTH Jan. 28, 1922  
(Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <u>Edw. Holmes</u>	(14) NAME BEFORE MARRIAGE <u>Anna Nelson</u>	(9) PRESENT POSTOFFICE OF FATHER <u>20 Beaufort Ct.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>20 Beaufort Ct.</u>
(10) COLOR OR RACE <u>C</u>	(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)	(16) COLOR OR RACE <u>C</u>	(17) AGE AT LAST BIRTHDAY <u>22</u> (Years)
(12) BIRTHPLACE <u>Charleston</u>	(18) BIRTHPLACE <u>Charleston</u>	(13) OCCUPATION <u>Laborer</u>	(19) OCCUPATION <u>Domestic</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was born alive at 9 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Martha Robinson

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife 52 Calhoun

Given name added from a supplemental report <u>CO #14, 719</u>	(26) Witness <u>J. Messitt Green, Jr.</u> (Signature of Witness necessary when question 23 is signed by mark)
<u>Filed 4-21, 1922</u> Registrar	(27) Filed <u>2-1-22</u> (28) <u>        </u> 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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