

Form No. 1

(1) PLACE OF BIRTH

County of WilliamsburgTownship of H. 4Inc. Town of WendoverCity of Wendover

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

17696

Registration District No. 2103Registered No. 83
(For use of Local Registrar)

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

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

(3) SEX OF CHILD <u>Female</u>	(4) Twin or Triplet To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Date of Birth <u>Jan 10 1925</u> (Month) (Day) (Year)
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FATHER		MOTHER	
(8) FULL NAME <u>Walter Holmes</u>	(14) NAME BEFORE MARRIAGE <u>Walter Holmes</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Wendover, S.C.</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Wendover, S.C.</u>
(10) COLOR OR RACE <u>Colored</u>	(11) AGE AT LAST BIRTHDAY <u>21</u> (Years)	(16) COLOR OR RACE <u>Colored</u>	(17) AGE AT LAST BIRTHDAY <u>20</u> (Years)
(12) BIRTHPLACE <u>Williamsburg, S.C.</u>	(18) BIRTHPLACE <u>Williamsburg, S.C.</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Farmer</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 4:10 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. J. S. Sowell

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife
Wendover, S.C.

(Given name added from a supplemental report)

(26) Witness

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

(27) Filed Jan 10 1925

(28)

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
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 3.

Bureau of Columbia, Columbia, S. C.