

Form No. 1

## (1) PLACE OF BIRTH

County of *McCormick*  
 Township of *Edgefield*  
 or  
 Inc. Town of.....  
 or  
 City of.....

## CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

393080

Registration District No. *4591* Registered No. *40*  
 (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 *Calvin Holmes* If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL *Boy* (4) Twin or Triplet? (5) Number in order of birth (6) Are Parents Married? *Yes* (7) DATE OF BIRTH *Nov 3* 19 *22*  
 To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME *Isloer Holmes*(9) PRESENT POSTOFFICE OF FATHER *Parkville S.C.*(10) COLOR OR RACE *Col* (11) AGE AT LAST BIRTHDAY *29* (Years)(12) BIRTHPLACE *Edgefield County*(13) OCCUPATION *Farmer*(20) Number of children born to mother, including present birth *3 or 4*

## MOTHER.

(14) NAME BEFORE MARRIAGE *May Eliza Kilchrist*(15) PRESENT POSTOFFICE OF MOTHER *Parkville S.C.*(16) COLOR OR RACE *Col* (17) AGE AT LAST BIRTHDAY *25* (Years)(18) BIRTHPLACE *Edgefield Co.*(19) OCCUPATION *Housewife*(21) Number of children of this mother now living, including present birth *3 or 4*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

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

(23) (Signature) *Harriet Deigler*(24) State whether Physician or Midwife *Midwife*(25) Address of Physician or Midwife *Plum Branch S.C.*

Given name added from a supplemental report

(26) Witness *Betty Kilchrist* (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed *Nov 5-22* (28) *D. J. Morgan* Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. It must not be reported as stillborn. No report is desired of stillbirths.