

Form No. 1

(1) PLACE OF BIRTH

County of BerkeleyTownship of Central

or

Inc. Town of

or

City of

(No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Estuna Holmes

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

| | | | | |
|-------------------------|----------------------|------------------------------|-------------------------------------|---|
| (3) Is GIRL? | (4) Twin or Triplet? | (5) Number in order of birth | (6) Are Parents Married? <u>yes</u> | (7) DATE OF BIRTH <u>Sept 20 1922</u> (Name of Month) (Day) (Year) |
|-------------------------|----------------------|------------------------------|-------------------------------------|---|

FATHER.

(8) FULL NAME Dr. Holmes(9) PRESENT POSTOFFICE OF FATHER Cross & Co.(10) COLOR OR RACE negro (11) AGE AT LAST BIRTHDAY 14 (Years)(12) BIRTHPLACE Berkeley Cal(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Ida Prioleau(15) PRESENT POSTOFFICE OF MOTHER Cross & Co.(16) COLOR OR RACE negro (17) AGE AT LAST BIRTHDAY 16 (Years)(18) BIRTHPLACE Berkeley Cal.(19) OCCUPATION Housewife(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 8 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Ida Prioleau(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Cross & Co.

Given name added from a supplemental report

(26) Witness Mrs. Emma Cross
(Signature of Witness necessary only when question 23 is signed by mark)(27) Filed Sept 20 1922 (28) D. W. Cross
Registrar. 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.

THIS IS A PERMANENT RECORD.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. If birth occurs in a hospital or other institution, give name of same instead of street and number. No. 1. THIS OTHER. No. 2, etc., in question 5.

MCCAW OF COLUMBIA, COLUMBIA, S. C.