

MARGIN RESERVED FOR BINDING.

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

N. 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.

Caw. of Columbia.

(1) PLACE OF BIRTH  
County of Georgetown  
Township of # 3  
or  
Inc. Town of .....  
or  
City of .....  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
Registration District No. 2101 Registered No. 21  
(For use of Local Registrar)

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

(3) <del>Boy or</del> GIRL?	(4) Twin or Triplet?	(5) Number in order of birth <small>To be reported only in event of twins or triplets</small>	(6) Are Parents Married?	(7) DATE OF BIRTH <u>April 5 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Samuel Holmes</u>			(14) NAME BEFORE MARRIAGE <u>Ida Nowlin</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Sampick SC</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Sampick SC</u>	
(10) COLOR OR RACE <u>Negro</u>			(16) COLOR OR RACE <u>Negro</u>	
(11) AGE AT LAST BIRTHDAY <u>40</u> <small>(Years)</small>			(17) AGE AT LAST BIRTHDAY <u>35</u> <small>(Years)</small>	
(12) BIRTHPLACE <u>Georgetown County SC</u>			(18) BIRTHPLACE <u>Sampick Geo Town Co SC</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>8</u>			(21) Number of children of this mother now living, including present birth <u>8</u>	

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) Angus J. Singleton

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplement-  
ary report

(26) Witness William M. Barclay  
(Signature of Witness necessary only  
when question 23 is signed by mark)

(27) Filed April 8 1916 (28) W. M. Barclay  
Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.