

(1) PLACE OF BIRTH

County of

Township of

or
Inc. Town of
or
City of

City of

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

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only

90188

Registration District No. 7307

Registered No. 51

(For use of Local Registrar)

(2) Full Name of Child Roose Holmes

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

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet?	(5) Number in order of birth <small>To be answered only in event of Twins or Triplets</small>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Dec. 10, 1916</u> <small>(Name of Month) (Day) (Year)</small>
FATHER.			MOTHER.	
(8) FULL NAME <u>Louis Holmes</u>	(14) NAME BEFORE MARRIAGE <u>Sarah Parker</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Troy S.C.</u>
(9) PRESENT POSTOFFICE OF FATHER <u>Troy S.C.</u>	(11) AGE AT LAST BIRTHDAY <u>46</u> <small>(Years)</small>	(16) COLOR OR RACE <u>Black</u>	(17) AGE AT LAST BIRTHDAY <u>42</u> <small>(Years)</small>	(18) BIRTHPLACE <u>Greenwood Co</u>
(10) COLOR OR RACE <u>Black</u>	(12) BIRTHPLACE <u>Greenwood Co</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Housewife</u>	(21) Number of children of this mother now living, including present birth <u>8</u>
(20) Number of children born to mother, including present birth <u>17</u>				

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born, at M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) L. E. Coleman(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Troy S.C.

Given name added from a supplemental report

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Registrar

(26) Witness

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

(27) Filed Jan 11, 1917 (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.