

(1) PLACE OF BIRTH

County of WorcesterTownship of CareInc. Town of Harleyville

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

51978

Registration District No. 17 Registered No. _____

(For use of Local Registrar)

(2) Full Name of Child Trudette Willis 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 Jan 7

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Lucy Gilbert(9) PRESENT POSTOFFICE OF FATHER Harleyville R.F.D.(10) COLOR OR RACE —(11) AGE AT LAST BIRTHDAY —

(Years)

(12) BIRTHPLACE South Carolina(13) OCCUPATION Farming(20) Number of children born to mother, including present birth —

MOTHER.

(14) NAME BEFORE MARRIAGE Edmonia Holmes(15) PRESENT POSTOFFICE OF MOTHER Harleyville R.F.D.(16) COLOR OR RACE —(17) AGE AT LAST BIRTHDAY —

(Years)

(18) BIRTHPLACE South Carolina(19) OCCUPATION Went to school(21) Number of children of this mother now living, including present birth —

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) (Midwife) M. W. Johnson

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

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed

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(28)

S. H. Worthy

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.

WHITE PLAIN, 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.
McCaw, of Columbia.