

Form No. 1

## (1) PLACE OF BIRTH

County of FairfieldTownship of #10

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.)

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No. — For State Registrar Only

64241

Registration District No. 1909 Registered No. 22

(For use of Local Registrar)

(2) Full Name of Child David 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?

(7) DATE OF BIRTH

June 28, 1916

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME

David Holmes

(9) PRESENT POSTOFFICE OF FATHER

Winnsboro S.C.

(10) COLOR OR RACE

Negro

(11) AGE AT LAST BIRTHDAY

38 (Years)

(12) BIRTHPLACE

Fairfield Co. S.C.

(13) OCCUPATION

Farmer

## MOTHER.

(14) NAME BEFORE MARRIAGE

Lula Ford

(15) PRESENT POSTOFFICE OF MOTHER

Winnsboro S.C.

(16) COLOR OR RACE

Negro

(17) AGE AT LAST BIRTHDAY

25 (Years)

(18) BIRTHPLACE

Fairfield Co. S.C.

(19) OCCUPATION

Domestic

(20) Number of children born to mother, including present birth

5

(21) Number of children of this mother now living, including present birth

5

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive ..... M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) L. J. ...

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

Given name added from a supplemental report

191...

Registrar

(26) Witness

Mrs. E. H. Fridy (Signature of Witness necessary only when question 23 is signed by mark)(27) Filed June 28, 1916

(28)

E. H. Fridy 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.

WRITE 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.  
McCaw, of Columbia.