

THIS IS A PERMANENT RECORD.
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.

(1) PLACE OF BIRTH

County of Charleston S.C.

Township of Charleston S.C.

OR

Inc. Town of Charleston S.C.

OR

City of Charleston S.C.

(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

41404

Registration District No. 909

Registered No. 223

(For use of Local Registrar)

(2) Full Name of Child Allan Holmes

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

(3) BOY OR GIRL Boy

(4) Twin or Triplet? No

To be answered only in event of Twins or Triplets

(5) Number in order of birth 1

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Dec 23

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Nathaniel Hines

(9) PRESENT POSTOFFICE OF FATHER Charleston S.C.

(10) COLOR OR RACE Colored

(11) AGE AT LAST BIRTHDAY 23

(12) BIRTHPLACE Spartanburg S.C.

(13) OCCUPATION Deach Aid in Jm

(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Daisy Wigtall

(15) PRESENT POSTOFFICE OF MOTHER Charleston S.C.

(16) COLOR OR RACE Colored

(17) AGE AT LAST BIRTHDAY 29

(18) BIRTHPLACE Orangeburg S.C.

(19) OCCUPATION our house keeper

(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... at 5:12 PM on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Ala

(24) State whether Physician or Midwife Midwife

(25) Address of Physician or Midwife 116 St

Given name added from a supplemental report

(26) Witness S. Williams (Signature of witness necessary only when question 23 is signed by mark)

(27) Filed Dec 25 19 22

(28) L. F. Myers 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.

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