

FORM NO. 1

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**

County of Charleston STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
Township of Christ Church State Board of Health

File No. For State Registrar Only
80622

Inc. Town of Registration District No. 901 Registered No. 36
(For use of Local Registrar)
City of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Oct. 4
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.			MOTHER.		
(8) FULL NAME	<u>Isaac Holmes</u>		(14) NAME BEFORE MARRIAGE	<u>Maria Small</u>	
(9) PRESENT POSTOFFICE OF FATHER	<u>W. Pleasant St.</u>		(15) PRESENT POSTOFFICE OF MOTHER	<u>W. Pleasant St.</u>	
(10) COLOR OR RACE	(11) AGE AT LAST BIRTHDAY	<u>30</u>	(16) COLOR OR RACE	(17) AGE AT LAST BIRTHDAY	<u>28</u>
(12) BIRTHPLACE	<u>Charleston Co.</u>		(18) BIRTHPLACE	<u>Charleston Co.</u>	
(13) OCCUPATION	<u>Labourer</u>		(19) OCCUPATION	<u>Domestic</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>6</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 6 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Thos. G. Brown
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife W. Pleasant St.

Given name added from a supplemental report

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

(27) Filed Oct 9 1916 (28) H. L. Lunden 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.

MARGIN RESERVED FOR BINDING.

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

K O D A K S A F E T