

(1) PLACE OF BIRTH **CERTIFICATE OF BIRTH**
 County of *Charleston* STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health
 Township of *Christ Church*
 or Town of Registration District No. *901* Registered No. *36*
 or
 City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No. For State Registrar Only
80632

(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? (5) Number in order of birth (6) Are Parents Married? *Married* (7) DATE OF BIRTH *Oct. 17 1916*
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME *Isic Holmes*
 (9) PRESENT POSTOFFICE OF FATHER *W Pleasant St*
 (10) COLOR OR RACE *Colo'd* (11) AGE AT LAST BIRTHDAY *30*
 (12) BIRTHPLACE *Charleston Co*
 (13) OCCUPATION *Labourer*
 (20) Number of children born to mother, including present birth *8*

MOTHER.

(14) NAME BEFORE MARRIAGE *Marie Small*
 (15) PRESENT POSTOFFICE OF MOTHER *W Pleasant St*
 (16) COLOR OR RACE *Colo'd* (17) AGE AT LAST BIRTHDAY *28*
 (18) BIRTHPLACE *Charleston Co*
 (19) OCCUPATION *Domestic*
 (21) Number of children of this mother now living, including present birth *6*

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) *Harold Holmes*
 (24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *W Pleasant St*

Given name added from a supplemental report
 , 101
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
W. G. L. Lundy
 (27) Filed *Oct 16 1916* (28) *H. L. Lundy* Local Registrar

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.
 McCraw, of Columbia

*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.

K O D A K S A F E T