

Form No. 1

## (1) PLACE OF BIRTH

County of EdgewoodTownship of Myersville

OR

Inc. Town of .....

OR

City of .....

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

34254

Registration District No. 1806Registered No. 76

(For use of Local Registrar)

(2) Full Name of Child James Peter 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 22 22

(Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME James Peter Holmes(9) PRESENT POSTOFFICE OF FATHER Augusta, Ga(10) COLOR OR RACE Black(11) AGE AT LAST BIRTHDAY 30

(Year)

(12) BIRTHPLACE S C(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 4

## MOTHER.

(14) NAME BEFORE MARRIAGE Jennie Moore(15) PRESENT POSTOFFICE OF MOTHER Augusta Ga(16) COLOR OR RACE B(17) AGE AT LAST BIRTHDAY 24

(Year)

(18) BIRTHPLACE S C(19) OCCUPATION Farming(21) Number of children of this mother now living, including present birth 4

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive on the date above stated.at 3 P. M. (Hour A. M. or P. M.)(23) (Signature) M. M. M. M.(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife Augusta Ga

Given name added from a supplemental report

(26) Witness James Peter Holmes

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

(27) Filed Nov 1 1922(28) Emma L. L.

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.

Bureau of Columbia, Columbia, S. C.