

Form No. 1

(1) PLACE OF BIRTH

County of BeaufortTownship of St. Helena

Inc. Town of

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

Registration District No. 604 Registered No. 60

(For use of Local Registrar)

(2) Full Name of Child June Holmes

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

(3) BOY OR GIRL

girl

(4) Twin or Triplet?

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married

yes(7) DATE OF BIRTH May 4, 1929

FATHER.

(8) FULL NAME

Joseph Holmes

(9) PRESENT POSTOFFICE OF FATHER

Frogmore SC

(10) COLOR OR RACE

negro(11) AGE AT LAST BIRTHDAY 40

(Years)

(12) BIRTHPLACE

South Carolina

(13) OCCUPATION

Farmer

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

9

MOTHER.

(14) NAME BEFORE MARRIAGE

June Smalls

(15) PRESENT POSTOFFICE OF MOTHER

Frogmore SC

(16) COLOR OR RACE

negro(17) AGE AT LAST BIRTHDAY 46

(Years)

(18) BIRTHPLACE

South Carolina

(19) OCCUPATION

Farmer

(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 at 10: P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Jane Smith

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Frogmore SC

Given name added from a supplemental report

(26) Witness Nurse King

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

(27) Filed June 4, 1929

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.