

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

County of *Charleston* STATE OF SOUTH CAROLINA.  
 Bureau of Vital Statistics  
 Township of *West Church* State Board of Health  
 or  
 Inc. Town of *Canter* Registration District No. *901*  
 or  
 City of *Canter* (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  
**76075**

Registered No. *30*  
 (For use of Local Registrar)

(2) Full Name of Child *Jannal 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? *Yes* (7) DATE OF BIRTH *Sept 2 1914*  
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER		MOTHER	
(8) FULL NAME <i>Ben Holmes</i>	(14) NAME BEFORE MARRIAGE <i>Abby Grant</i>	(9) PRESENT POSTOFFICE OF FATHER <i>West Church St</i>	(15) PRESENT POSTOFFICE OF MOTHER <i>West Church St</i>
(10) COLOR OR RACE <i>Colored</i> (11) AGE AT LAST BIRTHDAY <i>31</i> (Years)	(16) COLOR OR RACE <i>Colored</i> (17) AGE AT LAST BIRTHDAY <i>29</i> (Years)	(12) BIRTHPLACE <i>Charleston S.C.</i>	(18) BIRTHPLACE <i>Charleston S.C.</i>
(13) OCCUPATION <i>Labourer</i>	(19) OCCUPATION <i>Domestic</i>	(20) Number of children born to mother, including present birth <i>10</i>	(21) Number of children of this mother now living, including present birth <i>4</i>

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was *alive* at *3 P.* M., on the date above stated. (*live or stillborn*) (Hour A. M. or P. M.)

(23) (Signature) *Martha Sted*  
 (24) State whether Physician or Midwife *Midwife* (25) Address of Physician or Midwife *West Church St*

Given name added from a supplemental report  
 ..... 191.....  
 Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed *Sept 7 1914* (28) *A. L. L. Linn* 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.