

Form No. 1

(1) PLACE OF BIRTH

County of BeaufortTownship of St. Helena

Inc. Town of

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

3. BOY OR GIRL? girl 4. Twin or Triplet? No 5. Number in order of birth 1 6. Are Parents Married? yes 7. DATE OF BIRTH May 17, 1928
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.

8. FULL NAME Mamie Holmes9. PRESENT POSTOFFICE OF FATHER Frogmore SC10. COLOR OR RACE negro 11. AGE AT LAST BIRTHDAY 3 (Years)12. BIRTHPLACE South Carolina13. OCCUPATION Farmer20. Number of children born to mother, including present birth 4

MOTHER.

14. NAME BEFORE MARRIAGE Susanna Watkins15. PRESENT POSTOFFICE OF MOTHER Frogmore SC16. COLOR OR RACE negro 17. AGE AT LAST BIRTHDAY 23 (Years)18. BIRTHPLACE South Carolina19. OCCUPATION Farmer21. Number of children of this mother now living, including present birth 3

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) Wiley Dudley Frogmore, Sr. (24) State whether Physician or Midwife (25) Address of Physician or Midwife

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 5/20 1928 (28) J. B. Thomas 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.