

Form No. 8

(1) PLACE OF BIRTH

CERTIFICATE OF BIRTH

FILE NO. For State Registrar Only

County of Edgefield STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

17504

Township of Collins Registration District No. 1802Registered No. 15

(For use of Local Registrar)

or Inc. Town of _____

City of _____ (No. _____ St. _____ Ward _____)

(2) Full Name of Child John Edmund Holmes (If birth occurs in a hospital or other institution, give name of same instead of street and number) If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? _____	(5) Number in order of birth _____	(6) Are Parents Married? <u>yes</u>	(7) DATE OF BIRTH <u>June 25 1923</u> (Name of Month) (Day) (Year)
FATHER			MOTHER	
(8) FULL NAME <u>Theodore Holmes</u>			(14) NAME BEFORE MARRIAGE <u>Maie West</u>	
(9) PRESENT POSTOFFICE OF FATHER <u>Merdes, SC 1871</u>			(15) PRESENT POSTOFFICE OF MOTHER <u>Merdes, SC 1871</u>	
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>38</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>28</u> (Years)	
(12) BIRTHPLACE <u>Edgefield, Co. SC</u>			(18) BIRTHPLACE <u>Edgefield, Co. SC</u>	
(13) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Housewife</u>	
(20) Number of children born to mother, including present birth <u>One</u>			(21) Number of children of this mother now living, including present birth <u>One</u>	

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was _____ at _____ M., on the date above stated. (Born, alive & full term) (New A. M. & P. M.)

(23) (Signature) H. G. K. Lockhart, Jr.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Gold Springs, SC

Given name added from a supplemental report

(26) Witness

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

(27) Filed

July 10 1923

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 28th month of pregnancy.