

1. PLACE OF BIRTH

Township of Mt. PleasantCounty of Charlestonor
Ins. Town of _____or
City of _____

Standard Certificate of Birth

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 98

FILE No.—For State Registrar Only

27520A

Registered No. _____

(For use of Local Registrar)

(No. Mt. Pleasant, S.C. St. _____ Ward _____)

2. FULL NAME OF CHILD

Elvina Holmes

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

3. Boy or Girl

If Plural

4. Twin, triplet, or other _____

5. Premature _____

7. Legiti-

mate? Yes

8. Date of

birth

Sept. 12, 1930

(Month, day, year)

Girl

FATHER

9. Full

name

Isaac Holmes10. Residence (usual place of abode)
(If nonresident, give place and State) Mt. Pleasant, S.C.

11. Color or race

Col.12. Age at last birthday 32 (Years)

13. Birthplace (city or place)

(State or country)

Mt. Pleasant, S.C.

OCCUPATION

14. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Laborer15. Industry or business in which
work was done, as silk mill,
sawmill, bank, etc.16. Date (month and year) last
engaged in this work17. Total time (years)
spent in this work

19.

18. Full
maiden
name

MOTHER

Maria Washington19. Residence (usual place of abode)
(If nonresident, give place and State) Mt. Pleasant, S.C.

20. Color or race

Col.21. Age at last birthday 32 (Years)

22. Birthplace (city or place)

(State or country)

Mt. Pleasant, S.C.

OCCUPATION

23. Trade, profession, or particular kind
of work done, as housekeeper,
typist, nurse, clerk, etc.A. Home.24. Industry or business in which
work was done, as own home,
lawyer's office, silk mill, etc.25. Date (month and year) last
engaged in this work26. Total time (years)
spent in this work

19.

27. Number of children of this mother
At time of this birth and including this child(a) Born alive and now living 7(b) Born alive but now dead 5

(c) Stillborn

28. If stillborn,
period of gestation{ months
weeks

29. Cause of stillbirth

Before labor

During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 11 A.M. the date above stated
(Born alive or stillborn)

(Signed) _____, M. D.

or Mattie _____, MidwifeAddress Mt. Pleasant, S.C.Filed 9/24/30, 19 Sept. 24, 1930

Registrar.

Registrar.

{ When there was no attending physician
or midwife, then the father, householder,
etc., should make this return.

Given name added from

a supplemental report

(Date of)