

1. Name of child, sex, date of birth, etc., in question 5.

(1) PLACE OF BIRTH

County of Cherokee
Township of Linestown
or
Inc. Town of Gaffney
or
City of AS

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child Benjamin Charles Holmes

(3) BOY OR GIRL Boy (4) Twin Single or Triplet? (5) Number in order of birth 11 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 17, 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Perry J. Holmes
(9) PRESENT POSTOFFICE OF FATHER Gaffney AS
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 43
(12) BIRTHPLACE Spartanburg Co SC
(13) OCCUPATION Cotton mill work
(20) Number of children born to mother, including present birth 11

MOTHER.

(14) NAME BEFORE MARRIAGE Minnie Rosa Stacey
(15) PRESENT POSTOFFICE OF MOTHER Gaffney AS
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 40
(18) BIRTHPLACE Spartanburg Co SC
(19) OCCUPATION Domestic
(21) Number of children of this mother now living, including present birth 11

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 7:30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) [Signature]

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 7/10 1922 (28) N. F. Smith 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.