

FORM NO. 5. MARLIN, 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. THIS COUPLET, No. 2, etc., in question 5.

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<div> <div>(1) PLACE OF BIRTH</div> <div>CERTIFICATE OF BIRTH</div> <div>STATE OF SOUTH CAROLINA</div> <div>Bureau of Vital Statistics</div> <div>State Board of Health</div> </div> <div> <div>File No.—For State Registrar Only</div> <div>532</div> <div>112</div> </div>			
<div> <div>County of</div> <div>Charleston</div> </div>		<div> <div>Registration District No.</div> <div>9A</div> </div>	
<div> <div>Township of</div> <div></div> </div>		<div> <div>Registered No.</div> <div></div> </div>	
<div> <div>Inc. Town of</div> <div>or</div> <div>City of</div> <div>Charleston</div> </div>		<div> <div>(No. 23)</div> <div>St. 4</div> <div>(Ward)</div> </div>	
<div> <div>(If birth occurs in a hospital or other institution, give name of same instead of street and number)</div> <div>Harbort Holmes</div> </div>			
<div> <div>(2) Full Name of Child</div> <div>Harbort Holmes</div> </div>			
<div> <div>(3) BOY OR GIRL?</div> <div>Boy</div> </div>	<div> <div>(4) Twin or Triplet?</div> <div></div> </div>	<div> <div>(5) Number in order of birth</div> <div></div> </div>	<div> <div>(6) Are Parents Married?</div> <div>Yes</div> </div>
<div> <div>(7) DATE OF BIRTH</div> <div>Jan. 23, 1922</div> </div>			
<div> <div>(8) FATHER</div> <div>Wm. Holmes</div> </div>			
<div> <div>(9) MOTHER</div> <div>Williamina Rumpster</div> </div>			
<div> <div>(10) FULL NAME</div> <div>Charleston S.C.</div> </div>		<div> <div>(11) PRESENT POSTOFFICE OF FATHER</div> <div></div> </div>	
<div> <div>(12) COLOR OR RACE</div> <div>Caucasian</div> </div>		<div> <div>(13) AGE AT LAST BIRTHDAY</div> <div>28</div> </div>	
<div> <div>(14) BIRTHPLACE</div> <div>S. C.</div> </div>		<div> <div>(15) OCCUPATION</div> <div>Merchant</div> </div>	
<div> <div>(16) NUMBER OF CHILDREN BORN TO MOTHER, INCLUDING PRESENT BIRTH</div> <div>9</div> </div>		<div> <div>(17) NAME BEFORE MARRIAGE</div> <div>Williamina Rumpster</div> </div>	
<div> <div>(18) PRESENT POSTOFFICE OF MOTHER</div> <div>Charleston S.C.</div> </div>		<div> <div>(19) COLOR OR RACE</div> <div>Caucasian</div> </div>	
<div> <div>(20) BIRTHPLACE</div> <div>S. C.</div> </div>		<div> <div>(21) AGE AT LAST BIRTHDAY</div> <div>29</div> </div>	
<div> <div>(22) OCCUPATION</div> <div>Housewife</div> </div>		<div> <div>(23) NUMBER OF CHILDREN OF THIS MOTHER NOW LIVING, INCLUDING PRESENT BIRTH</div> <div>9</div> </div>	
<div> <div>CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE</div> </div>			
<div> <div>(24) I hereby certify that I attended the birth of this child, who was born alive or stillborn, on the date above stated.</div> <div>(Born alive or stillborn) (Hour A. M. or P. M.)</div> </div>			
<div> <div>(25) (Signature)</div> <div>Franklin J. Davis</div> </div>		<div> <div>(26) Address of Physician or Midwife</div> <div>37 New St.</div> </div>	
<div> <div>Given name added from a supplemental report</div> <div></div> </div>		<div> <div>(27) Witness</div> <div>(Signature of Witness necessary only when question 25 is signed by mark)</div> </div>	
<div> <div>(28) Filed</div> <div>1/29/22</div> </div>		<div> <div>(29) Local Registrar</div> <div>J. Marcus Green H.D.</div> </div>	

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.

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