

(1) PLACE OF BIRTH

County of Charleston S.C.Township of J.L.S.C.Inc. Town of J.L.S.C.City of Charleston S.C.

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

(2) Full Name of Child Baby Holmes

(3) BOY OR GIRL

girl

(4) Twin or Triplet?

no

(5) Number in order of birth

one

(6) Are Parents Married?

yes

(7) DATE OF BIRTH

Apr 2 1922

(Name) (Month) (Day) (Year)

FATHER.

(8) FULL NAME

Wald Holmes

(9) PRESENT POSTOFFICE OF FATHER

Charleston S.C.

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

23

(12) BIRTHPLACE

Charleston S.C.

(13) OCCUPATION

common labor

(20) Number of children born to mother, including present birth

one

File No. — For State Registrar Only

10254Registered No. 503
(For use of Local Registrar)St. Ward

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

MOTHER.

(14) NAME BEFORE MARRIAGE

Hattie Patrick

(15) PRESENT POSTOFFICE OF MOTHER

Charleston S.C.

(16) COLOR OR RACE

white

(17) AGE AT LAST BIRTHDAY

20

(18) BIRTHPLACE

Charleston S.C.

(19) OCCUPATION

house wife

(21) Number of children of this mother now living, including present birth

one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was alive at 11:00 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Maggie Lawrence

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

24 Sheppard St

Given name added from a supplemental report

(26) Witness

J. M. H. H.

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

(27) Signed

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(28) Local Registrar

J. M. H. H.

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.