

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. THE OTHER, No. 2, etc., in question 5.
McCaw, of Columbia.

(1) PLACE OF BIRTH

County of **Charleston**

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

76256

Township of

or

Inc. Town of

or

City of **Charleston.**Registration District No. **9X**Registered No. **1033**

(For use of Local Registrar)

(No. **Riverside Infirmary St.** Ward) (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child **Holcombe.** { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married? Yes	(7) DATE OF BIRTH Sept. 30, 1916. (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME **Edward P. Holcombe**(9) PRESENT POSTOFFICE OF FATHER **Atlantic Works, % V.C.C. Co. Chas. S.C.**(10) COLOR OR RACE **White**(11) AGE AT LAST BIRTHDAY **35** (Years)(12) BIRTHPLACE **S.C.**(13) OCCUPATION **Supt. Atlantic Wks. Vir.Ca.C. Co.**(20) Number of children born to mother, including present birth { **7**

MOTHER.

(14) NAME BEFORE MARRIAGE **Susan L. Smith**(15) PRESENT POSTOFFICE OF MOTHER **Atlantic Works, V.C.C. Co. Chas. S.C.**(16) COLOR OR RACE **White**(17) AGE AT LAST BIRTHDAY **34** (Years)(18) BIRTHPLACE **S.C.**(19) OCCUPATION **Housewife**(21) Number of children of this mother now living, including present birth { **7**

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was **born alive** at **2:15 A.** M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) **B. R. R. Smith**

(24) State whether Physician or Midwife **Physician** (25) Address of Physician or Midwife **#81 Wentworth St.**

Given name added from a supplemental report

..... 191.....

Registrar

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

(27) Filed **10/5-6** 1916 (28) 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.