

Form No. 8

(1) PLACE OF BIRTH

County of *Dorchester*Township of *Christiana*or
City of _____

City of _____

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. *1409*

FILE NO. For State Registrar Only

17385

Registered No. *13*
(For use of Local Registrar)

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

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

(3) BOY OR GIRL?	(4) Twin or Triplet?	(5) Number in order of birth	(6) Are Parents Married?	(7) DATE OF BIRTH
	To be answered only in event of Twins or Triplets			(Name of Month) (Day) (Year)
				<i>6/18 1923</i>

FATHER		MOTHER	
(8) FULL NAME	<i>William Henry Holmes</i>	(14) NAME BEFORE MARRIAGE	<i>Sarah J. Lay</i>
(9) PRESENT POSTOFFICE OF FATHER	<i>Lanier R. 1</i>	(15) PRESENT POSTOFFICE OF MOTHER	<i>Lanier R. 1</i>
(10) COLOR OR RACE	<i>White</i>	(16) COLOR OR RACE	<i>White</i>
(11) AGE AT LAST BIRTHDAY	<i>40</i>	(17) AGE AT LAST BIRTHDAY	<i>33</i>
(12) BIRTHPLACE	<i>New Lanier</i>	(18) BIRTHPLACE	<i>New Lanier</i>
(13) OCCUPATION	<i>Farmer</i>	(19) OCCUPATION	<i>Domestic</i>
(20) Number of children born to mother, including present birth	<i>7</i>	(21) Number of children of this mother now living, including present birth	<i>6</i>

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was *born* at *7:30 P.M.* on the date above stated. (Born alive or stillborn) (Hour & M. or P.M.)(23) (Signature) *J. J. Lanier* (24) Address of Physician or Midwife *Lanier R. 1*

(25) State whether Physician or Midwife

Given name added from a supplemental report

(26) Witness

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

(27) Filed *July 12 1923*

(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.