

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

(1) PLACE OF BIRTH

County of Barlington  
Township of Philadelphia  
OR  
Inc. Town of.....  
OR  
City of .....

CERTIFICATE OF BIRTH  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only  
18362

Registration District No. 150.9... Registered No. 18.....  
(For use of Local Registrar)

(No. .... 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 Benjamin Holmes... (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 1 (6) Are Parents Married? yes (7) DATE OF BIRTH June 14, 1922  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Samuel Holmes  
(9) PRESENT POSTOFFICE OF FATHER Timmerville S.C.  
(10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 23 (Years)  
(12) BIRTHPLACE S.C.  
(13) OCCUPATION Planter  
(20) Number of children born to mother, including present birth Four

MOTHER.  
(14) NAME BEFORE MARRIAGE Gullie Echols  
(15) PRESENT POSTOFFICE OF MOTHER Timmerville S.C.  
(16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 24 (Years)  
(18) BIRTHPLACE S.C.  
(19) OCCUPATION Housewife  
(21) Number of children of this mother now living, including present birth Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Born alive... at 8... P.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Harrah Green  
(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Timmerville S.C.

Given name added from a supplemental report  
A. J. Chapman  
....., 19...  
Registrar

(26) Witness ..... (Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Jan. 20, 1922 (28) S. C. A. Jordan, Sub.  
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.

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