

Form No. 3

## (1) PLACE OF BIRTH

County of *Aiken*Township of *Langley*

Inc. Town of .....

City of *Near Langley*

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

## CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

No. for State Registrar Only

31432

Registration District No. *214A* Registered No. *15-1*  
(For use of Local Registrar)(2) Full Name of Child *Jamesie Holmes*

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

3) BOY OR GIRL <i>Boy</i>	4) Twin or Triplet? To be answered only in event of Twins or Triplets	5) Number in order of birth	6) Are Parents Married? <i>yes</i>	7) DATE OF BIRTH <i>Nov 8, 1923</i> (Name of Month) (Day) (Year)
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## FATHER.

8) FULL NAME *Jack Holmes*9) PRESENT POSTOFFICE OF FATHER *Langley S.C.*10) COLOR OR RACE *Colored* 11) AGE AT LAST BIRTHDAY *25*  
(Years)12) BIRTHPLACE *Aiken S.C.*13) OCCUPATION *Chalk Bed Opr*14) Number of children born to mother, including present birth *1 2*

## MOTHER.

14) NAME BEFORE MARRIAGE *Laura Johnson*15) PRESENT POSTOFFICE OF MOTHER *Langley S.C.*16) COLOR OR RACE *Colored* 17) AGE AT LAST BIRTHDAY *20*  
(Years)18) BIRTHPLACE *Aiken S.C.*19) OCCUPATION *Domestic*20) Number of children of this mother now living, including present birth *1 2*

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(21) I hereby certify that I attended the birth of this child, who was *Born alive* ..... at *12:10 P.M.* on the date above stated.  
(Born alive or stillborn) (Hour A. M. or P. M.)(22) (Signature) *Mattie Stephens*(23) State whether Physician or Midwife *Midwife*(24) Address of Physician or Midwife *Warrenville S.C.*

Given name added from a supplemental report

(25) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)(26) Filed *Nov 14, 1923* (27) *J. W. Spradley* Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this report. 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.