

(1) PLACE OF BIRTH

County of Charlotte

Township of

Inc. Town of Gaffney

City of

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

(2) Full Name of Child Robert Holmes

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

SEX Boy AGE 7 Years DATE OF BIRTH Jan 2 1923
Is born with any of the following conditions: Yes

FATHER
(1) NAME Garman Holmes
(2) RESIDENT ADDRESS OF FATHER Gaffney
(3) COLOR negro (11) RELIGION 35
(4) BIRTHPLACE S.C.
(5) OCCUPATION Labors
(6) Number of children born to mother, including present birth 5

MOTHER
(10) NAME BEFORE MARRIAGE Olga Betty
(11) RESIDENT ADDRESS OF MOTHER Gaffney S.C.
(12) COLOR negro (13) AGE AT LAST MARRIAGE 20
(14) BIRTHPLACE S.C.
(15) OCCUPATION Domestic
(16) Number of children of this mother now living, including present birth 6

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(18) I hereby certify that I attended the birth of this child, who was Robert ... 30 ... Jan 2 ... 1923 on the date above stated.

(19) (Signature) Missouri Betty
(20) Name whether Physician or Midwife Midwife
(21) Address of residence of Physician or Midwife Gaffney S.C.

Given name added from a supplemental report

(22) Witness (Signature of Witness necessary only when question 18 is signed by mother)
(23) When Feb. 10 ... 1923 (24) W. F. ...

When there was no attending physician or midwife, then the father, householder, etc., should make the report. If a child breathes even once, it must not be reported as stillborn. No report is required before the fifth month of pregnancy.