

N. H.—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.

(1) PLACE OF BIRTH

County of Lousbury
 Township of King
 or
 Inc. Town of.....
 or
 City of.....

(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

File No.—For State Registrar Only

20442

Registration District No. 4302 Registered No. H1
 (For use of Local Registrar)

(2) Full Name of Child John Edward Holmes If child is not yet named, make supplemental report as directed

3) BOY OR GIRL Boy 4) Twin or Triplet No 5) Number in order of birth No 6) Are Parents Married? No 7) DATE OF BIRTH April 8, 22
 (Name of Month) (Day) (Year)

FATHER

8) FULL NAME Don't know
 9) PRESENT POSTOFFICE OF FATHER King
 10) COLOR OR RACE Negro 11) AGE AT LAST BIRTHDAY.....
 (Years)
 12) BIRTHPLACE.....
 13) OCCUPATION.....
 20) Number of children born to mother, including present birth 4

MOTHER

14) NAME BEFORE MARRIAGE Lizzie Holmes
 15) PRESENT POSTOFFICE OF MOTHER King
 16) COLOR OR RACE Negro 17) AGE AT LAST BIRTHDAY.....
 (Years)
 18) BIRTHPLACE Lousbury
 19) OCCUPATION Farmer Hand
 21) Number of children of this mother now living, including present birth 4

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive at 6 A. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Lillian Kennedy (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife King

Given name added from a supplemental report

(26) Witness John F. L. L.
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Jan. 27, 1922 (28) R. A. E. L. 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.