

(1) PLACE OF BIRTH

County of Spokane  
Township of Pocahontas

### CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.  
Bureau of Vital Statistics  
State Board of Health

File No.—For State Registrar Only

66277

90

or  
Inc. Town of  
or  
City of

Registration District No. 4006

Registered No. 90  
(For use of Local Registrar)

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

(2) Full Name of Child Bertha V. Holmes

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

(3) BOY OR GIRL?

girl

(4) Twin or Triplet?  
*to be reported only in case of twins or triplets*

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH June 10, 1906  
(Name of Month) (Day) (Year)

(8) FULL NAME

Mr. O. Holmes

FATHER.

(14) NAME BEFORE MARRIAGE

Bertha Mathis

MOTHER.

(9) PRESENT POSTOFFICE OF FATHER

Trough, S.C.

(15) PRESENT POSTOFFICE OF MOTHER

Trough, S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY 28  
(Years)

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY 23  
(Years)

(12) BIRTHPLACE

S.C.

(18) BIRTHPLACE

S.C.

(13) OCCUPATION

miloker

(19) OCCUPATION

Housewife

(20) Number of children born to mother, including present birth 5

(21) Number of children of this mother now living, including present birth 5

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 9 P. M., on the date above stated. (Born Alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) H. L. Kirkpatrick

(24) State whether Physician or Midwife M.D.

(25) Address of Physician or Midwife Pocahontas, S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 26 is signed by mark)

(27) June 15, 1906

(28) M. M. Basser  
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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FORM NO. 2. NEVER REUSE THESE PRINTING PLATES. WITH UNFADING INK—THIS IS A REQUIREMENT REQUIRED. IN CASE OF TWINS OR TRIPLETS USE SEPARATE BLANK FOR EACH CHILD, AND MARK THE FIRST-BORN. NO. 1. THE OTHER. NO. 2. ETC. IN QUESTION 5. OF COLUMBIA. W. H. McCRAW