

PRINT-UPON, No. 1. THE OTHER, No. 2, etc., in question 1.
Medium of Columbia, Columbia, S. C.
Mace

(1) PLACE OF BIRTH

County of Calhoun

Township of Ward

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

3537

Registration District No. 11.0.9.

Registered No. 116

(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 Catherine Holmes

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

(3) BOY OR GIRL girl

(4) Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married? yes

(7) DATE OF BIRTH

Feb 7, 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Joseph Holmes

(9) PRESENT POSTOFFICE OF FATHER Hallertown, Pa.

(10) COLOR OR RACE Cal

(11) AGE AT LAST BIRTHDAY 29
(Years)

(12) BIRTHPLACE Pa.

(13) OCCUPATION Farming

(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Leslie Pauls

(15) PRESENT POSTOFFICE OF MOTHER Hallertown, Pa.

(16) COLOR OR RACE Cal

(17) AGE AT LAST BIRTHDAY 24
(Years)

(18) BIRTHPLACE Pa.

(19) OCCUPATION Housewife

(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(21) I hereby certify that I attended the birth of this child, who was born alive at 1.30 M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(22) (Signature) Dr. J. A. Holmes

(23) State whether Physician or Midwife

(24) Address of Physician or Midwife Hallertown, Pa.

Given name added from a supplemental report

(25) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(26) Filed Mar 9, 1923

(27) Dr. J. A. Holmes 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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