

Form No. 1

(1) PLACE OF BIRTH

County of Lee
 Township of Sycamore
 OF
 Inc. Town of
 OF
 City of

CERTIFICATE OF BIRTH
 STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

File No. - For State Registrar Only
29087

Registration District No. 3001 Registered No. 22
 (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 Eula Holmes If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Girl (4) Twin or Triplet To be answered only in event of Twin or Triplet (5) Number in order of birth 1 (6) Are Parents Married? yes (7) DATE OF BIRTH July 16, 1923
 (Time of Month) (Day) (Year)

FATHER.		MOTHER.	
(8) FULL NAME <u>Robert Holmes</u>	(14) NAME BEFORE MARRIAGE <u>Judie Rogers</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Lamar</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Lamar</u>
(10) COLOR OR RACE <u>Cal</u>	(11) AGE AT LAST BIRTHDAY <u>42</u> (Years)	(16) COLOR OR RACE <u>Cal</u>	(17) AGE AT LAST BIRTHDAY <u>24</u> (Years)
(12) BIRTHPLACE <u>Spartanburg Co</u>	(13) OCCUPATION <u>Farm</u>	(18) BIRTHPLACE <u>Spartanburg Co</u>	(19) OCCUPATION <u>Domestic</u>
(20) Number of children born to mother, including present birth <u>1</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alone at 2 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Catherine X Lewis (24) State whether Physician or Midwife (25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness S. D. Grant (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed 7/24/23 (28) W. J. Bore 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.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

Bureau of Columbia, Columbia, S. C.