

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
 N. B.—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.

McCaw, of Columbia.

Form No. 1.

(1) PLACE OF BIRTH

County of Spartanburg

Township of

or
Inc. Town of

City of Spartanburg (No. 147 Ridge
 (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

50389

Registration District No. 40-a

Registered No. 6.3
 (For use of Local Registrar)

(2) Full Name of Child.

Kella B. Holiday

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
 To be answered only in case of Twins or Triplets

(6) Are Parents Married? Yes

(7) DATE OF BIRTH Feb. 4, 1906
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Adie Holiday

(9) PRESENT POSTOFFICE OF FATHER Spartanburg

(10) COLOR OR RACE Black

(11) AGE AT LAST BIRTHDAY 40
 (Years)

(12) BIRTHPLACE Sparta S.C.

(13) OCCUPATION Laborer

(20) Number of children born to mother, including present birth { 2

MOTHER.

(14) NAME BEFORE MARRIAGE Kella Beach

(15) PRESENT POSTOFFICE OF MOTHER Spartanburg

(16) COLOR OR RACE C

(17) AGE AT LAST BIRTHDAY 30
 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Washerwoman

(21) Number of children of this mother now living, including present birth { 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Kella Golden

(24) State whether Physician or Midwife (25) Address of Physician or Midwife City

Given name added from a supplemental report

(26) Witness

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

(27) filed Feb. 1, 1906

(28)

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.