

(1) PLACE OF BIRTH

County of SumterTownship of Waynesville

Inc. Town of

City of

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

2) Full Name of Child Calvin Washington Holliday(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth  
To be answered only in event of Twins or Triplets(6) Are Parents Married? Y(7) DATE OF BIRTH May 26 1916  
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Wash Holliday(9) PRESENT POSTOFFICE OF FATHER Waynesville, N.C.(10) COLOR OR RACE Negro(11) AGE AT LAST BIRTHDAY 27  
(Years)(12) BIRTHPLACE NC(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 7

MOTHER.

(14) NAME BEFORE MARRIAGE Alvin Holliday(15) PRESENT POSTOFFICE OF MOTHER Waynesville, N.C.(16) COLOR OR RACE Negro(17) AGE AT LAST BIRTHDAY 34  
(Years)(18) BIRTHPLACE NC(19) OCCUPATION House work + Farming(21) Number of children of this mother now living, including present birth 6

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 11 P. M., on the date above stated. (born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Alvin Holliday

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Waynesville, N.C.

Given name added from a supplemental report

(26) Witness

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

(27) Filled

Alvin

1916

(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.

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

File No.—For State Registrar Only

53901

Registration District No. 4102Registered No. 31

(For use of Local Registrar)