

## (1) PLACE OF BIRTH

County of GreenvilleTownship of Austin

OR

Inc. Town of .....

OR

City of .....

(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 Registration

64475

Registration District No. 2200 Registered No. 46

(For use of Local Registrar)

(2) Full Name of Child James Isaiah Holliday If child is not yet named, make supplemental report as directed(3) BOY OR GIRL? Boy (4) Twin or Triplet? ☒ (5) Number in order of birth 3 (6) Are Parents Married? yes (7) DATE OF BIRTH June, 20 1916  
(Same of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Elifiah Holliday(9) PRESENT POSTOFFICE OF FATHER Simpsonville, S.C.(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 35 (Years)(12) BIRTHPLACE Greenville Co.(13) OCCUPATION Farming(20) Number of children born to mother, including present birth 3

## MOTHER.

(14) NAME BEFORE MARRIAGE Mary Avery(15) PRESENT POSTOFFICE OF MOTHER Simpsonville, S.C.(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 25 (Years)(18) BIRTHPLACE Greenville Co.(19) OCCUPATION Housework(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 6. A. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Jas. A. Thompson(24) State whether Physician or Midwife Physician (25) Address of Physician or Midwife St. Louis, S.C.

Given name added from a supplemental report

....., 191.....

..... Registrar

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

(27) Filed July 4 1916 (28) L. L. Richardson 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.

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.  
Cav. of Columbia