

## (1) PLACE OF BIRTH

County of Anderson  
 Township of Redway  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

Registration District No. 307

File No.—For State Registrar Only

40800

Registered No. 87  
 (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 Baby Halliday

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 Nov 17 1902  
 (Name of Month) (Day) (Year)

## FATHER.

(8) FULL NAME Charles Halliday  
 (9) PRESENT POSTOFFICE OF FATHER Belton R H  
 (10) COLOR OR RACE white (11) AGE AT LAST BIRTHDAY 30 (Years)  
 (12) BIRTHPLACE Anderson Co  
 (13) OCCUPATION Farmer  
 (20) Number of children born to mother, including present birth 1

## MOTHER.

(14) NAME BEFORE MARRIAGE Esther Knox  
 (15) PRESENT POSTOFFICE OF MOTHER Belton R H  
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 28 (Years)  
 (18) BIRTHPLACE Anderson Co  
 (19) OCCUPATION House wife  
 (21) Number of children of this mother now living, including present birth 1

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was alive at 6:30 AM on the date above stated. (Born alive or stillborn) (Hour A.M. or P.M.)

(23) (Signature) D. C. Miesner

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed Jan 8 1903 (28) R. P. Robinson 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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