

MARGIN RESERVE FOR BINDING.
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 8.

(1) PLACE OF BIRTH

County of Sumter
Township of
or
Inc. Town of
City of Sumter S.C.
(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
2563

Registration District No. 41.6 Registered No. 15.6
(For use of Local Registrar)

(No. 809 W Barlette St. 3 Ward)
If child is not yet named, make supplemental report as directed

(2) Full Name of Child Eloise W. Holliday

(3) BOY OR GIRL girl (4) Twins or Triplets? No (5) Number in order of birth 1 (6) Age of Parents Married (7) DATE OF BIRTH Jan 6 1922
(Date of Month) (Day) (Year)

FATHER.

(1) FULL NAME Walter Holliday
(3) PRESENT POSTOFFICE OF FATHER Sumter S.C.
(10) COLOR OR RACE Colored (11) AGE AT LAST BIRTHDAY 24 (Year)
(12) BIRTHPLACE Summerton S.C.
(13) OCCUPATION Shofar
(20) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Beatrice McQuila
(15) PRESENT POSTOFFICE OF MOTHER Sumter S.C.
(16) COLOR OR RACE Colored (17) AGE AT LAST BIRTHDAY 22 (Year)
(18) BIRTHPLACE Stateburg
(19) OCCUPATION Washing
(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 born alive Jan. 6, at 10:38 A.M. on the date above stated.
(23) (Signature) Phyllis Baker (Hour A.M. or P.M.) 9:08 W Barlette
(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 22 is signed by mark)
(27) Jan 30 1922 Local Registrar

When there was no attending physician or midwife, by 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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