

(1) PLACE OF BIRTH

County of JorryTownship of Galivants Ferry,Inc. Town of
orCity of (No. St.; Ward)
(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

77571

Registration District No. 2505 Registered No. 60
(For use of Local Registrar)(2) Full Name of Child John Monroe Holliday

If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? <u>Boy</u>	(4) Twin or Triplet? <u>✓</u>	(5) Number in order of birth	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>Sept. 13, 1914</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME George Jackson Holliday(9) PRESENT POSTOFFICE OF FATHER Galivants Ferry, S.C.(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 41
(Years)(12) BIRTHPLACE Jorry County(13) OCCUPATION Merchant(14) Number of children born to mother, including present birth 9

MOTHER.

(15) NAME BEFORE MARRIAGE Flora Johnson(16) PRESENT POSTOFFICE OF MOTHER Galivants Ferry, S.C.(17) COLOR OR RACE White (18) AGE AT LAST BIRTHDAY 40
(Years)(19) BIRTHPLACE Marion Co.(20) OCCUPATION Housewife(21) Number of children of this mother now living, including present birth 7

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive at 11 P. M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. E. Terry(24) State whether Physician or Midwife (25) Address of Physician or Midwife
M.D. Aynor, S.C.

Given name added from a supplemental report

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Registrar

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Sept 14 1914 (28) Chas. M. Higgins 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.