

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

File No.—For State Registrar Only
77571/

(1) PLACE OF BIRTH

County of Storry

Township of Galivants Ferry,

Inc. Town of _____

City of _____

Registration District No. 2505 Registered No. 60
(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 John Monroe Hleday

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

(3) BOY OR GIRL? Boy (4) Twin or Triplet? (5) Number in birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Sept. 13, 1916
To be answered only in event of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME George Jackson Hleday

(9) PRESENT POSTOFFICE OF FATHER Galivants Ferry, S.C.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 41
(Years)

(12) BIRTHPLACE Storry County

(13) OCCUPATION Merchant

(20) Number of children born to mother, including present birth 9

MOTHER.

(14) NAME BEFORE MARRIAGE Flora Johnson

(15) PRESENT POSTOFFICE OF MOTHER Galivants Ferry, S.C.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 40
(Years)

(18) BIRTHPLACE Marion Co.

(19) 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 m. D. (25) Address of Physician or Midwife Ayres, S.C.

Given name added from a supplemental report

_____, 191...

Registrar

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

(27) Filed Sept 14 1916 (28) Chas. M. Burgess
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.

THIS IS A SEPARATE BLANK FOR EACH CHILD, AND WHEN IN THE CASE OF TWINS OR TRIPLETS USE A SEPARATE BLANK, NO. 2, ETC., IN QUESTION 5.
 REGISTERED FOR BUSINESS.
 FIRST-BORN, NO. 1. THE OTHER, NO. 2, ETC., IN QUESTION 5.
 MCGRAW-HILL, COLUMBIA, N. Y.