

Form No. 1

(1) PLACE OF BIRTH

County of Clarendon
 Township of St. James
 or
 Inc. Town of
 or
 City of

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only

29711

Registration District No. 1309Registered No. 54
(For use of Local Registrar)

City of (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 James 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 (6) Are Parents Married? yes (7) DATE OF BIRTH Sept 22, 1922
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Elijah Holliday
 (9) PRESENT POSTOFFICE OF FATHER Davis Sta S.C.
 (10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 26
 (Years)
 (12) BIRTHPLACE Clarendon Co
 (13) OCCUPATION Farmer
 (20) Number of children born to mother, including present birth 1

MOTHER.
 (14) NAME BEFORE MARRIAGE Ella Holliday
 (15) PRESENT POSTOFFICE OF MOTHER Davis Sta S.C.
 (16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 24
 (Years)
 (18) BIRTHPLACE Clarendon Co
 (19) OCCUPATION Home Feed
 (21) Number of children of this mother now living, including present birth one

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(23) (Signature) Arthur L. Leman(24) State whether Physician or Midwife C

(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 Sept 10, 1922

(28)

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.