MARGIN RESERVED FOR BINDING.
WHEN PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
IF [illegible] TRIPLETS [illegible] SEPARATE BLANK FOR EACH CHILD, and mark the
FIRST-BORN, No. 1, THE OTHER, No. 2, etc., in question 5.

McCAW OF COLUMBIA, COLUMBIA, S. C.

CERTIFICATE OF BIRTH

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

File No.—For State Registrar Only
3791

(1) PLACE OF BIRTH
County of Clarendon
Township of Mt. Zion
or
Inc. Town of .....
or
City of .....

Registration District No. 1317 Registered No. 6
(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 George Simond Holiday — 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 — To be answered only in event of Twins or Triplets
(6) Are Parents Married? Yes
(7) DATE OF BIRTH Jan (Name of Month) 31 (Day) 1922 (Year)

FATHER.		MOTHER.	
(8) FULL NAME	Effie Holiday	(14) NAME BEFORE MARRIAGE	Susie Nelson
(9) PRESENT POSTOFFICE OF FATHER	Foreston S.C.	(15) PRESENT POSTOFFICE OF MOTHER	Foreston S.C.
(10) COLOR OR RACE	Colored	(16) COLOR OR RACE	Black
(11) AGE AT LAST BIRTHDAY (Years)	27	(17) AGE AT LAST BIRTHDAY (Years)	22
(12) BIRTHPLACE	S.C.	(18) BIRTHPLACE	S.C.
(13) OCCUPATION	Farming	(19) OCCUPATION	Housewife
(20) Number of children born to mother, including present birth	2	(21) Number of children of this mother now living, including present birth	2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was born alive (Born alive or stillborn) at 7 a (Hour A. M. or P. M.) M., on the date above stated.

(23) (Signature) Lyra Nelson

(24) State whether Physician or Midwife: M.W.

(25) Address of Physician or Midwife: Foreston S.C.

Given name added from a supplemental report

..... 19 ....
Registrar

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

(27) Filed Feb 14 1922 (28) W. T. P. Sprott
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.