

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 5.

McCamy, of Columbia.

(1) PLACE OF BIRTH
 County of Sumter
 Township of Prater
 OR
 Inc. Town of Registration District No. 4.1.24
 OR
 City 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
87616

(2) Full Name of Child Jimmie Holiday } If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Nov 25 1914
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Hazel Holiday
 (9) PRESENT POSTOFFICE OF FATHER Tindal S C R #1
 (10) COLOR OR RACE Negro (11) AGE AT LAST BIRTHDAY 22 (Years)
 (12) BIRTHPLACE Charendorf S C
 (13) OCCUPATION Farm Laborer
 (20) Number of children born to mother, including present birth 5

MOTHER.
 (14) NAME BEFORE MARRIAGE Haisy Singleton
 (15) PRESENT POSTOFFICE OF MOTHER Tindal S C R #1
 (16) COLOR OR RACE Negro (17) AGE AT LAST BIRTHDAY 21 (Years)
 (18) BIRTHPLACE Sumter Co S C
 (19) OCCUPATION Housework
 (21) Number of children of this mother now living, including present birth 4

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) 4 (Hour A. M. or P. M.)
 on the date above stated.

(23) (Signature) Fannie Singleton
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife Tindal S C R #1

Given name added from a supplemental report

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Registrar

(26) Witness S. B. Kolb
 (Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed Dec 2 1914 (28) Silas B. Kolb
 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.