

K O D A K S . A F E T Y

PLACE OF BIRTH
County of York
City of Salisbury
or
In Town of

CERTIFICATE OF BIRTH
State of North Carolina
Bureau of Vital Statistics
State Board of Health

8424

Registration District No. 4401 Registered No. 66
(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 William M. Halliday If child is not yet named, make appropriate entry as directed

(1) SEX OR CHILD Boy (4) Type of Infant Full term (5) Number to order of birth 1 (6) DATE OF BIRTH Sept 17, 1923

FATHER.
(1) FULL NAME W. M. Hollis
(2) PRESENT RESIDENCE OF FATHER Rose Hill, S. C. R. 1.
(3) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Year)
(12) BIRTHPLACE York Co., S. C.
(13) OCCUPATION Farmer
(14) Number of children born to mother, including present birth 1 Four

MOTHER.
(1) NAME BEFORE MARRIAGE Kate Harrison
(2) PRESENT RESIDENCE OF MOTHER R. F. D. 1, Rose Hill, S. C.
(3) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Year)
(12) BIRTHPLACE York Co., S. C.
(13) OCCUPATION Housewife
(14) Number of children of this mother now living, including present birth 1 Four

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(28) I hereby certify that I attended the birth of this child, who was at 10 P. M.
on the date above stated. (Sign alive on stillborn) (Sign A. M. or P. M.)

(29) (Signature) D. A. Harrison M. D.
(30) State whether Physician or Midwife Physician (31) Signature of Physician or Midwife Rose Hill, S. C.

Given name added from a supplemental report
Janie L. Finney
Jan 18, 1924

(32) Witness (Signature of Witness necessary only when question 28 is signed by mark)
(33) Filed 9/24/23 (34) James 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.