

Form No. 10. MARGIN RESERVED FOR BINDING. WHITE 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.
 -Craw. of Columbia.

(1) PLACE OF BIRTH
 County of Greenville
 Township of Buncliff
 or
 Inc. Town of Registration District No. 2205 Registered No. 94
 or
 City of (No. St.; Ward)
 (If birth occurs in a hospital or other institution, give name of same instead of street and number.)

File No.—For State Registrar Only
85779

(2) Full Name of Child Edward Holliday { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Boy (4) Twin or Triplet? X (5) Number in order of birth 2 (6) Are Parents Married? yes (7) DATE OF BIRTH Nov. 13, 1916
To be answered only in case of Twins or Triplets (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Lester Edwards Holliday
 (9) PRESENT POSTOFFICE OF FATHER Joney Creek S.C.
 (10) COLOR OR RACE white AGE AT LAST BIRTHDAY 30 (Years)
 (12) BIRTHPLACE Joyce Co. S.C.
 (13) OCCUPATION farmer
 (20) Number of children born to mother, including present birth 2

MOTHER.
 (14) NAME BEFORE MARRIAGE Sola Shaw
 (15) PRESENT POSTOFFICE OF MOTHER Joney Creek S.C.
 (16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 27 (Years)
 (18) BIRTHPLACE Canderson Co. S.C.
 (19) OCCUPATION Housewife
 (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 alive at 5:30 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)
 (23) (Signature) J. P. Haughton
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Joney Creek, S.C.

Given name added from a supplemental report
 _____, 191...
 _____ Registrar

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)
 (27) Filed Nov. 13, 1916 (28) C. O. Smith 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.

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