

Form No. 10. **ALABAMA RESERVED FOR BINDING.**
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
Caw. of Columbia

(1) PLACE OF BIRTH
County of Greenville
Township of Bunkley

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

File No.—For State Registrar Only
85779

Inc. Town of Registration District No. 2205 Registered No. 94
(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 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
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Lester Edwards Holliday
(9) PRESENT POSTOFFICE OF FATHER Jones Creek S.C.
(10) COLOR OR RACE white AGE AT LAST BIRTHDAY 30 (Years)
(12) BIRTHPLACE Jones 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 Jones Creek S.C.
(16) COLOR OR RACE white (17) AGE AT LAST BIRTHDAY 27 (Years)
(18) BIRTHPLACE Anderson 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. Knight
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Jones Creek, S.C.

Given name added from a supplemental report

(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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