

(1) PLACE OF BIRTH

County of Greenville
 Township of Franklin

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

18797

Inc. Town of Registration District No. 2217 Registered No. 33
 (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 { If child is not yet named, make supplemental report as directed

(3) SEX OR Male (4) Twin or triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH June 9, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME John Holliday

(9) PRESENT POSTOFFICE OF FATHER Greenville S. C.

(10) COLOR OR RACE Black (11) AGE AT LAST BIRTHDAY 38 (Years)

(12) BIRTHPLACE S. C.

(13) OCCUPATION Farming

(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Flora Jones

(15) PRESENT POSTOFFICE OF MOTHER Greenville S. C.

(16) COLOR OR RACE Black (17) AGE AT LAST BIRTHDAY 38 (Years)

(18) BIRTHPLACE S. C.

(19) OCCUPATION Housework

(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 11 A. M.,
 on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Anna M. K. K. K.

(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Midwife, Greenville, 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 June 12, 1922 (28) E. B. Hendrix 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

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