

## (1) PLACE OF BIRTH

County of York

Township of .....

or

Inc. Town of .....

or

City of Parker, Santee 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 Baby Jack Sullivan Holliday

If child is not yet named, make supplemental report as directed

3) BOY OR GIRL

Male

Twin or Triplet?

1

(5) Number in order of birth

1

(6) Are Parents Married?

Yes

(7) DATE OF

BIRTH 6/13/1922

(Name of Month) (Day) (Year)

## FATHER.

8) FULL NAME

William B. Holliday

9) PRESENT POSTOFFICE OF FATHER

North Charleston

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

22

(Years)

12) BIRTHPLACE

13) OCCUPATION

20) Number of children born to mother, including present birth

1

## MOTHER.

(14) NAME BEFORE MARRIAGE

Ellen Messer

(15) PRESENT POSTOFFICE OF MOTHER

North Charleston

(16) COLOR OR RACE

W.

(17) AGE AT LAST BIRTHDAY

19

(Years)

(18) BIRTHPLACE

(19) OCCUPATION

(21) 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 6/13/22 at 5:00 A.M., on the date above stated. (Born alive or stillborn) Hour A.M. or P.M.)

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

6/24/22

(28)

R. Mercier

\*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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