

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

28578

Registration District No. 220.9

Registered No.

(For use of Local Registrar)

(No. 29-31 Front

St.; Ward)

(2) Full Name of Child

Richard H. Halliday

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

(3) BOY OR GIRL

Boy

(4) Twin or Triplet

To be answered only in event of Twin or Triplet

(5) Number in order of birth

(6) Are Parents Married

Yes

(7) DATE OF BIRTH

Sept 8 20

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

H. A. Wagon Halliday

(9) PRESENT POSTOFFICE OF FATHER

29-31 Front St. Monaghan Mill Greenville

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

(Years)

27

(12) BIRTHPLACE

Spartanburg Co SC

(13) OCCUPATION

Textile Worker

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

6

MOTHER.

(15) NAME BEFORE MARRIAGE

Norah L. King

(16) PRESENT POSTOFFICE OF MOTHER

Same

(17) COLOR OR RACE

White

(18) AGE AT LAST BIRTHDAY

(Years)

20

(19) BIRTHPLACE

Greenville Co SC

(20) OCCUPATION

Housewife

(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 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) Date

Sep 13 1923

19

Registrar

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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