

Form No. 1

(1) PLACE OF BIRTH

County of ClemsonTownship of Friendship

or Inc. Town of

City of

CERTIFICATE OF BIRTH

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

File No. — For State Registrar Only

24032

Registration District No. 20.4 Registered No. 36
(For use of Local Registrar)(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 Charles H. Holiday If child is not yet named, make supplemental report as directed(3) Sex Male (4) Twin or Triplet No (5) Number in order of birth 1 (6) Age 15 (7) DATE OF BIRTH Aug 15 1923
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Charles H. Holiday(9) PRESENT POSTOFFICE OF FATHER Remini SC(10) COLOR OR RACE col (11) AGE AT LAST BIRTHDAY 34 (Year)(12) BIRTHPLACE Clemson SC(13) OCCUPATION Farmer(14) Number of children born to mother, including present birth 5

MOTHER.

(14) NAME BEFORE MARRIAGE Marie Holiday(15) PRESENT POSTOFFICE OF MOTHER Remini SC(16) COLOR OR RACE col (17) AGE AT LAST BIRTHDAY 33 (Year)(18) BIRTHPLACE Clemson SC(19) OCCUPATION House & Freed(20) Number of children of this mother now living, including present birth 3

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born at 4 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. John H. Remini (24) State of South Carolina Physician or Midwife (25) Address of Physician or Midwife Remini SC

Given name added from a supplemental report

(26) Witness (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Aug 25 1923 (28) H. E. Hickman 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.