

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 FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

McGraw of Columbia, Columbia, S. C.

(1) PLACE OF BIRTH
County of Greenville
Township of Greenville
or
Inc. Town of.....
or
City of.....

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

File No.—For State Registrar Only

22351

Registration District No. 2205

Registered No. 34
(For use of Local Registrar)

(2) Full Name of Child Helen Olive Huff

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

(3) BOY OR GIRL? Girl

(4) Twin or Triplet? X
To be answered only in event of Twins or Triplets

(5) Number in order of birth X

(6) Are Parents Married? yes

(7) DATE OF BIRTH June 13 1922
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME William Calvin Huff

(9) PRESENT POSTOFFICE OF FATHER Toney Creek - S.C. R.

(10) COLOR OR RACE W (11) AGE AT LAST BIRTHDAY 34 (Years)

(12) BIRTHPLACE Greenville Co. S.C.

(13) OCCUPATION Farmer & Merchant

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

MOTHER.

(14) NAME BEFORE MARRIAGE Lola Irene Irby

(15) PRESENT POSTOFFICE OF MOTHER Toney Creek. S.C.

(16) COLOR OR RACE W (17) AGE AT LAST BIRTHDAY 32 (Years)

(18) BIRTHPLACE Anderson Co. S.C.

(19) 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 Alive at 1:30 p M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) W. A. Ross

(24) State whether Physician or Midwife (25) Address of Physician or Midwife Honey Park 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 July 22 1922 (28) W. A. Ross 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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