

(1) PLACE OF BIRTH

County of York
 Township of Bethesda
 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
9514

Registration District No. _____

Registered No. 19
 (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 Russ Huffstetler

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

Mar 6, 1922
 (Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

John Leland Huffstetler

(9) PRESENT POSTOFFICE OF FATHER

Cedars S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

42

(12) BIRTHPLACE

N.C.

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Blanche Cox

(15) PRESENT POSTOFFICE OF MOTHER

"

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

38

(18) BIRTHPLACE

N.C.

(19) OCCUPATION

Domestic

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

7

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

6

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.

alive at 6 P.M.
 (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

L. H. May M.D.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Rich Hill S.C.

Given name added from a supplemental report

(26) Witness

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

J. H. Gore

(27) Filed

4/1

19

(28)

J. H. Gore

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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