

## (1) PLACE OF BIRTH

County of York

Township of .....

OF

Inc. Town of York

OF

City of York

(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

File No.—For State Registrar Only

6973

Registration District No. 2102 Registered No. 3

(For use of Local Registrar)

(No. .... St. .... Ward)

(2) Full Name of Child Higgin If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>No</u> To be answered only in case of Twin or Triplet	(5) Number in order of birth <u>1</u>	(6) Are Parents Married? <u>Yes</u>	(7) DATE OF BIRTH <u>July 10 1903</u> (Month of Birth) (Day) (Year)
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FATHER.		MOTHER.	
(8) FULL NAME <u>Higgin</u>	(14) NAME BEFORE MARRIAGE <u>Emma Watson</u>	(9) PRESENT POSTOFFICE OF FATHER <u>York</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>York</u>
(10) COLOR OR RACE <u>Black</u>	(16) COLOR OR RACE <u>Black</u>	(11) AGE AT LAST BIRTHDAY <u>30</u> (Years)	(17) AGE AT LAST BIRTHDAY <u>25</u> (Years)
(12) BIRTHPLACE <u>York</u>	(18) BIRTHPLACE <u>York</u>	(13) OCCUPATION <u>Farmer</u>	(19) OCCUPATION <u>Farmer</u>
(20) Number of children born to mother, including present birth <u>2</u>	(21) Number of children of this mother now living, including present birth <u>1</u>		

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn on the date above stated. (Hour A. M. or P. M.)(23) (Signature) W. H. King(24) State whether Physician or Midwife Midwife(25) Address of Physician or Midwife York

Given name added from a supplementary report

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

(27) Filed July 10 1903 (28) W. H. King

\*When there was no attending physician or midwife, then the father, householder, etc., should make the report. 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.