

(1) PLACE OF BIRTH

County of AdamsTownship of South

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

126254

Registration District No. 218 Registered No. 1

(For use of Local Registrar)

(No. 210 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 Richard Lee Huggins (If child is not yet named, make supplemental report as directed)

(3) Sex or Gender <u>Male</u>	(4) Twin or Triplet? To be answered only in event of Twin or Triplet	(5) Number in order of birth	(6) Age at Birth <u>10</u>	(7) DATE OF BIRTH <u>May 2, 23</u> (Name of Month) (Day) (Year)
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FATHER		MOTHER	
(8) FULL NAME <u>A. H. Huggins</u>	(14) NAME BEFORE MARRIAGE <u>Edna Huggins</u>	(9) PRESENT POSTOFFICE OF FATHER <u>Richmond 80</u>	(15) PRESENT POSTOFFICE OF MOTHER <u>Richmond 80</u>
(10) COLOR OR RACE <u>White</u>	(11) AGE AT LAST BIRTHDAY <u>37</u> (Years)	(16) COLOR OR RACE <u>White</u>	(17) AGE AT LAST BIRTHDAY <u>27</u> (Years)
(12) BIRTHPLACE <u>Richmond 80</u>	(18) OCCUPATION <u>Law Office Lawyer</u>	(13) BIRTHPLACE <u>Richmond 80</u>	(19) OCCUPATION <u>Housewife</u>
(20) Number of children born to mother, including present birth <u>7</u>	(21) Number of children of this mother now living, including present birth <u>7</u>		

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Adams at 3 P. M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) Dr. J. H. Huggins

(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) Filed May 10, 1923 (28) 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.