

(1) PLACE OF BIRTH

County of Pickens  
 Township of Jf  
 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  
**31826**

Registration District No. 37.1 Registered No. 75  
 (For use of Local Registrar)

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)  
 (2) Full Name of Child Den. J. Higgins St.; ..... Ward)

(3) BOY OR GIRL Boy (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Sex Male (7) DATE OF BIRTH Sept 7, 22  
 To be answered only in event of Twin or Triplets  
 (Name of Month) (Day) (Year)

FATHER.  
 (8) FULL NAME Blumma Higgins  
 (9) PRESENT POSTOFFICE OF FATHER Pickens #2

MOTHER.  
 (14) NAME BEFORE MARRIAGE Amie Stephens  
 (15) PRESENT POSTOFFICE OF MOTHER Pickens #2

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 33  
 (12) BIRTHPLACE Pickens Co  
 (Years)

(16) COLOR OR RACE W. (17) AGE AT LAST BIRTHDAY 30  
 (18) BIRTHPLACE S.C.  
 (Years)

(13) OCCUPATION Farmer

(19) OCCUPATION Domestic

(20) Number of children born to mother, including present birth 5

(21) Number of children of this mother now living, including present birth 7

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

(22) I hereby certify that I attended the birth of this child, who was Blumma Higgins at Pickens on the date above stated.

(23) (Signature) Mrs Elizabeth Garrett (Born alive or stillborn) (Hour A. M. or P. M.)  
 (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Pickens

Given name added from a supplemental report  
 .....  
 ..... 19 .....

(26) Witness .....  
 (Signature of Witness necessary only when question 23 is signed by mark)  
 (27) Filed Sept 23, 22 (28) M. Garrett 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.

Registrar ..... 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.