

No. 1

PLACE OF BIRTH

Spartanburg

11

Town of

or

Full Name of Child

Abraham Higgins

4 Twin or Triplet?

5. Number in order of birth

To be answered only in event of Twins or Triplets

PATHER

FULL NAME

PRESENT POSTOFFICE OF FATHER

COLOR OR RACE

11. AGE AT LAST BIRTHDAY

BIRTHPLACE

OCCUPATION

Number of children born to mother in living present birth

3

Certificate of Attending Physician or Midwife

2. I hereby certify that I attended the birth of this child, who was

on the date above stated.

23. Signature

24. State whether Physician or Midwife

25. Address of Physician or Midwife

26. Witness

27. Filed

28. Registrar

29. Local Registrar

30. Registrar

31. Registrar

32. Registrar

33. Registrar

34. Registrar

35. Registrar

36. Registrar

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 4008

Registered No. 146

(For use of Local Registrar)

St. Ward

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

1. DATE OF BIRTH

11/12/32

2. NAME BEFORE MARRIAGE

3. PRESENT POSTOFFICE OF MOTHER

4. COLOR OR RACE

5. AGE AT LAST BIRTHDAY

6. BIRTHPLACE

7. OCCUPATION

8. Number of children of this mother now living, including present birth

9. Certificate of Attending Physician or Midwife

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on the date above stated.

11. Signature

12. State whether Physician or Midwife

13. Address of Physician or Midwife

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15. Filed

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17. Local Registrar

18. Registrar

19. Registrar

20. Registrar

21. Registrar

22. Registrar

23. Registrar

24. Registrar

25. Registrar

26. Registrar

27. Registrar

FILE No.—For State Registrar Only

8607-A

146

Registered No. 146

(For use of Local Registrar)

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