

## (1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of

(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

4072

Registration District No.

Registered No.

(For use of Local Registrar)

(Name of street and number) Ward

## (2) Full Name of Child

If child is not yet named, make supplemental report as directed

(3) SEX

boy

(4) Twin or Triplet

X

(5) Number in order of birth

X

(6) Are Parents Married

X

(7) DATE

Aug. 17, 1923

(Name of Month) (Day) (Year)

(8) FULL NAME

Samuel J. Higgins

(9) PRESENT POSTOFFICE OF FATHER

Greenwood

(10) COLOR OR RACE

white

(11) AGE AT LAST BIRTHDAY

26

(12) BIRTHPLACE

Pickens Co. S.C.

(13) OCCUPATION

carpenter

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

Two (2)

(15) NAME BEFORE MARRIAGE

Marrie Smith

(16) PRESENT POSTOFFICE OF MOTHER

Greenwood S.C.

(17) COLOR OR RACE

white

(18) AGE AT LAST BIRTHDAY

25

(19) BIRTHPLACE

Anderson Co. S.C.

(20) OCCUPATION

House wife

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

Two (2)

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 10 P. M., on the date above stated. (Sign, live or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

(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

Aug. 1, 1923

(28)

Local Registrar

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

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