

(1) PLACE OF BIRTH

County of OrangeburgTownship of Lowville

or

Inc. Town of

or

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

27409

Registration District No. 3602Registered No. 23

(For use of Local Registrar)

2) Full Name of Child Emory William Huff

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

(3) BOY OR GIRL? Boy

(4) Twin or Triplet?

(5) Number in order of birth

To be answered only in event of twins or triplets

(6) Are Parents Married? yes

(7) DATE OF BIRTH

(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME

David A. Huff

(9) PRESENT POSTOFFICE OF FATHER

Brown S.C.

(10) COLOR OR RACE

White

(11) AGE AT LAST BIRTHDAY

46

(Years)

(12) BIRTHPLACE

Wyg led

(13) OCCUPATION

Farmer

MOTHER.

(14) NAME BEFORE MARRIAGE

Elle Myers

(15) PRESENT POSTOFFICE OF MOTHER

Brown S.C.

(16) COLOR OR RACE

White

(17) AGE AT LAST BIRTHDAY

38

(Years)

(18) BIRTHPLACE

Wyg led

(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

{ 5 }

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Born at 10 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) H. M. Brown

(24) State whether Physician or Midwife (25) Address of Physician or Midwife

Physician Brown S.C.

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed July 14, 1912(28) H. H. Patrick

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.

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