

Form No. 1

CERTIFICATE OF BIRTH
STATE OF SOUTH CAROLINA
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
41886

(1) PLACE OF BIRTH

County of

Township of

or

Inc. Town of

or

City of

Registration District No. 110

Registered No. 117
(For use of Local Registrar)

(No. 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

Mares Higgins

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

(3) BOY OR GIRL?

(4) Twin or Triplet?

(5) Number in order of birth

(6) Are Parents Married?

(7) DATE OF

BIRTH Oct 28 22
(Name of Month) (Day) (Year)**FATHER.**

(8) FULL NAME

Kirkie Higgins

(9) PRESENT POSTOFFICE OF FATHER

Sneaks S C

(10) COLOR OR RACE

Black

(11) AGE AT LAST BIRTHDAY

46
(Year)

(12) BIRTHPLACE

S C

(13) OCCUPATION

Farming

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

1

MOTHER.

(14) NAME BEFORE MARRIAGE

Frances Hies

(15) PRESENT POSTOFFICE OF MOTHER

Sneaks S C

(16) COLOR OR RACE

Black

(17) AGE AT LAST BIRTHDAY

33
(Year)

(18) BIRTHPLACE

S C

(19) OCCUPATION

Housewife

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

1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

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

(Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature)

Lizzie Hies

(24) State whether Physician or Midwife

Midwife

(25) Address of Physician or Midwife

Sneaks 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

Jan 4 1923

(28)

Matter Kinsey
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.

IN CASE OF TWIN OR TRIPLETS, USE SUPPLEMENTARY REPORT FOR EACH CHILD, AND MARK THE FIRST-BORN, NO. 1. THE OTHER, NO. 2, ETC., IN QUESTION 2.

RECEIVED BY COLUMBIA, S. C.