Form No. 5

(1) PLACE OF BIRTH

County of Colleton

Township of Lowndes

or

Inc. Town of .....

or

City of ..... (No. ..... St.; ..... Ward)

(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's Only

792

Registration District No. 1407 Registered No. ..... (For use of Local Registrar)

(2) Full Name of Child Herman Givens (If child is not yet named, make supplemental report as directed)

(3) Boy or Girl	(4) Twin or Triplet? To be answered only in event of Twins or Triplets	(5) Number in order of birth	(6) Are Parents Married?	(7) Date of Birth (Name of Month) (Day) (Year)
Boy			Yes	Jan 26 1923

FATHER.	MOTHER.
(8) Full Name: Henry Givens	(14) Name before Marriage: Clara Smalls
(9) Present Postoffice of Father: Green Pond Sc	(15) Present Postoffice of Mother: Green Pond Sc
(10) Color or Race: Negro (11) Age at last Birthday: 35 (Years)	(16) Color or Race: Negro (17) Age at last Birthday: 29 (Years)
(12) Birthplace: Col Co Sc.	(18) Birthplace: Col Co Sc.
(13) Occupation: Farmer	(19) Occupation: Housewife
(20) Number of children born to mother, including present birth: 2	(21) Number of children of this mother now living, including present birth: 2

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was Alive (Born alive or stillborn) at 4 am (Hour A. M. or P. M.) on the date above stated.

(23) (Signature) Siby Lagrus

(24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Green Pond Sc

Given name added from a supplemental report

..... 19 ....

Registrar

(26) Witness ..... (Signature of Witness necessary only when question 22 is signed by mark)

(27) Filed Jan 29 1923 (28) B. G. Higgins

*When there was no attending physician or midwife, then the father, householder, etc., should make [illegible] If a child breathes even once, it must not be reported as stillborn. No report is [illegible] before the fifth month of pregnancy.

FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.