

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 1.

Section 20, Columbia, S. C.

(1) PLACE OF BIRTH		CERTIFICATE OF BIRTH		No. 1.—For State Registrar Only	
County of <u>Abbeville</u>		STATE OF SOUTH CAROLINA		5599	
Township of <u>Donald</u>		Bureau of Vital Statistics			
or Inc. Town of		State Board of Health			
City of		Registration District No. <u>103</u>		Registered No. <u>20</u>	
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)		(No. St. Ward)		(For use of Local Registrar)	
(2) Full Name of Child <u>Charles Benton Higdon</u>				If child is not yet named, make supplemental report as directed	
(3) SEX OF CHILD <u>Male</u>	(4) AGE AT BIRTH <u>1st</u> To be reported only in case of Twins or Triplets	(5) Are Parents Married <u>Yes</u>	(6) DATE OF BIRTH <u>March 26 1923</u> (Name of Month) (Day) (Year)		
FATHER			MOTHER		
(7) FULL NAME <u>Benjamin Frank Higdon</u>			(10) NAME BEFORE MARRIAGE <u>Carrie Williams Walker</u>		
(8) PRESENT POSTOFFICE OF FATHER <u>Donald</u>			(11) PRESENT POSTOFFICE OF MOTHER <u>Donald</u>		
(12) COLOR OR RACE <u>White</u>			(13) COLOR OR RACE <u>White</u>		
(14) AGE AT LAST BIRTHDAY <u>29</u> (Years)			(15) AGE AT LAST BIRTHDAY <u>19</u> (Years)		
(16) BIRTHPLACE <u>Abbeville Co</u>			(17) BIRTHPLACE <u>T Anderson P.C.</u>		
(18) OCCUPATION <u>Farmer</u>			(19) OCCUPATION <u>Farmer</u>		
(20) Number of children born to mother, including present birth <u>1st</u>			(21) Number of children of this mother now living, including present birth <u>1st</u>		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE					
(22) I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>9:00 P.M.</u> on the date above stated. (born alive or stillborn) (Hour A. M. or P. M.)					
(23) (Signature) <u>R. A. Carlton M.D.</u>		(24) State whether Physician or Midwife			
(25) Address of Physician or Midwife <u>Donald S. C.</u>					
Given name added from a supplemental report		(26) Witness (Signature of Witness necessary only when question 23 is signed by mark)			
19		(27) Filed <u>April 16 1923</u> (28) <u>Donald S. C.</u> 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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