

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

No. for State Registrar Only
5599

(1) PLACE OF BIRTH
 County of Abbeville
 Township of Donald
 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.)

Registration District No. 103 Registered No. 20
 (For use of Local Registrar)

(2) Full Name of Child Charles Benton Higdon (If child is not yet named, make supplemental report as directed)

(3) SEX OF CHILD Male (4) AGE OF CHILD 1st (5) Are Parents Married? Yes (6) DATE OF BIRTH March 26 23
 (Name of Month) (Day) (Year)

FATHER.
 (8) FULL NAME Rufornia Frank Higdon
 (9) PRESENT POSTOFFICE OF FATHER Donald
 (10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 29
 (Year)
 (12) BIRTHPLACE Abbeville S.C.
 (13) OCCUPATION Farmer
 (14) Number of children born to mother, including present birth 1st

MOTHER.
 (14) NAME BEFORE MARRIAGE Caris Williams Walker
 (15) PRESENT POSTOFFICE OF MOTHER Donald
 (16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 19
 (Year)
 (18) BIRTHPLACE T Anderson S.C.
 (19) OCCUPATION Farmer
 (20) 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 alive at 9:00 P.M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) R. A. Carlton M.D.
 (24) State whether Physician or Midwife (25) Address of Physician or Midwife Donald S.C.

Given name added from a supplemental report

 19 ..
 Registrar

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

(27) Filed April 16 1923 (28) Geneva Thompson 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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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.

BUREAU OF VITAL STATISTICS, COLUMBIA, S. C.