

## (1) PLACE OF BIRTH

County of Spokane  
 Township of Pacolt  
 or  
 Inc. Town of .....  
 or  
 City of .....

## CERTIFICATE OF BIRTH

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

File No. - For State Registrar Only  
**12105**

Registration District No. 4006 Registered No. 51  
 (For use of Local Registrar)

City of ..... (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 Millie If child is not yet named, make supplemental report as directed

3. BOY OR GIRL Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH 4-19-23  
 To be answered only in event of Twin or Triplet (Name of Month) (Day) (Year)

FATHER.  
 8. FULL NAME John Higgins  
 9. PRESENT POSTOFFICE OF FATHER Pacolt S.C.A.  
 10. COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 32 (Year)  
 12. BIRTHPLACE N.C. Farmer  
 13. OCCUPATION Tenant - Farmer

MOTHER.  
 14. NAME BEFORE MARRIAGE Ella May  
 15. PRESENT POSTOFFICE OF MOTHER Pacolt S.C.A.  
 16. COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 22 (Year)  
 18. BIRTHPLACE Tenn.  
 19. OCCUPATION Housewife  
 20. Number of children born to mother, including present birth 5  
 21. Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was Alive at 8 A. M.,  
 on the date above stated. (Born alive or stillborn) (Hour, M. or P. M.)

(23) (Signature) M. D. P. P. P.

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife M. D. P. P. P.

Give name added from a supplemental report

(26) Witness

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

19  
Registrar

(27) Filed

(28)

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.