

(1) PLACE OF BIRTH
County of Anderson
Township of

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

File No.—For State Registrar Only
62940

Inc. Town of or Registration District No. 3A Registered No. 204
(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 Elizabeth Higgins If child is not yet named, make supplemental report as directed

(3) ~~Boy~~ GIRL? (4) ~~Term~~ or ~~Preterm~~? (5) Number in order of birth (6) Are Parents Married? (7) DATE OF BIRTH June 20 1916
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Sam Higgins
(9) PRESENT POSTOFFICE OF FATHER Anderson
(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 24 (Years)
(12) BIRTHPLACE GA
(13) OCCUPATION mill apt
(14) Number of children born to mother, including present birth 10

MOTHER.

(14) NAME BEFORE MARRIAGE Mary Griffin
(15) PRESENT POSTOFFICE OF MOTHER Anderson
(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 36 (Years)
(18) BIRTHPLACE GA
(19) OCCUPATION Domestic
(20) Number of children of this mother now living, including present birth 5

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 1:40 M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) B. E. McCaw
(24) State whether Physician or Midwife (25) Address of Physician or Midwife Anderson

Given name added from a supplemental report

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

(27) Filed 191 (28) B. E. McCaw 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.

Registrar

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.

FORM NO. 1
MARRIAGE REGISTRATION AND BIRTH RECORDS
WHILE PLAINLY, WITH UNIFORMITY, 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 5.