

(1) PLACE OF BIRTH

County of

Township of

Inc. Town of

City of Charleston, S.C.

(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

No. 465 - For this Register only

465

84

Registration District No.

Registered No.
(For use of Local Registrar)No. Roadkill 19

Ward)

(2) Full Name of Child Leroy Huffman

If child is not yet named, make supplemental report as directed

(a) SEX OR CHILD <u>Boy</u>	(c) Type or <u>Tuberc</u> To be entered only in event of Tuberc or <u>Tuberc</u>	(d) Number in order of birth	(e) <u>yes</u> Is child born	(f) DATE OF BIRTH <u>Jan. 19, 1923</u> (Month) (Day) (Year)
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FATHER.

(a) FULL NAME Henry Simon Huffman(c) PRESENT POSTOFFICE OF FATHER Charleston S.C.(d) COLOR OR RACE White (e) AGE AT LAST BIRTHDAY 56 (Year)(f) BIRTHPLACE Kentucky(g) OCCUPATION Carpenter Foreman(h) Number of children born to mother, including present birth 1 wife

MOTHER.

(a) NAME BEFORE MARRIAGE Maud S. Godwin(c) PRESENT POSTOFFICE OF MOTHER Charleston S.C.(d) COLOR OR RACE White (e) AGE AT LAST BIRTHDAY 32 (Year)(f) BIRTHPLACE Kentucky(g) OCCUPATION House Wife(h) Number of children of this mother now living, including present birth 1 child

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.

(22) I hereby certify that I attended the birth of this child, who was Jan. 19, 1923 at 5 A.M. on the date above stated. (Born alive or stillborn) (How long after birth)(23) (Signature) Anna Miles

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

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

(27) Filed 1/30/23 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.